

EXHIBIT 1

TRULINCS 18242081 - MCCLOY, JEREMY WILFORD - Unit: BUT-G-B

FROM: 18242081
TO: BUT/RISCoordinator
SUBJECT: ***Request to Staff*** MCCLOY, JEREMY, Reg# 18242081, BUT-G-B
DATE: 11/16/2023 01:28:13 PM

To: RIS COORDINATOR
Inmate Work Assignment: un

I have sent the forms back to you please let me know if you need anything.
-----BUT/Social Worker on 10/4/2023 8:12 AM wrote:

>

Forms will be sent to you via institution mail to assist you with applying for a compassionate release.

Ms. Cook

From: ~^! MCCLOY, ~^!JEREMY WILFORD <18242081@inmatemessage.com>
Sent: Monday, October 2, 2023 11:02 PM
Subject: ***Request to Staff*** MCCLOY, JEREMY, Reg# 18242081, BUT-G-B

To: social worker , comp. release
Inmate Work Assignment: N/A

i would like the form i need to apply for compassion release , and how to go about it ... can you please forward this to the warden , so its documented I'm applying.... THANK YOU

EXHIBIT 2



U.S. Department of Justice
Federal Bureau of Prisons
Federal Correctional Complex
Federal Correctional Institution I

P.O. Box 1000
Butner, North Carolina 27509

Date: December 29, 2023

REPLY TO
ATTN OF:  David Rich, Warden
FCI I Butner, North Carolina

TO: MCCLOY, Jeremy Wilford
Register Number: 18242-081

Subject: Reduction in Sentence

This memorandum is in response to your Inmate Request to Staff dated October 7, 2023, in which you requested to be considered for a reduction in sentence under debilitated medical condition criteria.

At this time, you do not meet the guidelines outlined in Program Statement 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. 3582 (c)(1)(A) and 4205(g), Section 3b., Debilitated Medical Condition. You do not have a debilitated medical condition and you are independent in your activities of daily living and your current medical conditions remain under control. Accordingly, your RIS request is denied.

You are receiving appropriate medical care and treatment by Health Services staff. We are committed to providing you with the necessary and appropriate care for your medical needs.

EXHIBIT 3

**Bureau of Prisons
Health Services
Health Problems**

Reg #: 18242-081

Inmate Name: MCCLOY, JEREMY WILFORD

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Current						
Anomalies of foot, NEC						
09/19/2023 10:08 EST Sichel, Lawrence (MAT) MD Right lower leg/ankle crushed in a construction accident in 1990.	III	ICD-9	755.67	1990	Current	01/09/2012
07/19/2019 09:47 EST Sichel, Lawrence MD Right lower leg/ankle crushed in a construction accident in 1990.	III	ICD-9	755.67	1990	Current	01/09/2012
11/06/2018 15:39 EST Sichel, Lawrence MD Right lower leg/ankle crushed in a construction accident in 1990	III	ICD-9	755.67	1990	Current	01/09/2012
01/09/2012 11:28 EST Croal, Frank PA-C	III	ICD-9	755.67	01/09/2012	Current	01/09/2012
LTBI Prophy History Prior to BOP - with documentation						
09/19/2023 10:15 EST Sichel, Lawrence (MAT) MD Reports receiving LTBI prophy in 1996 for 1 year at Utah State Prison. Asymptomatic, HIV Neg 10-26-18.		ICD-10	795.5G	1996	Current	
09/21/2021 14:27 EST Sichel, Lawrence MD Reports receiving LTBI prophy in 1996 for 1 year at Utah State Prison. Asymptomatic, HIV Neg 10-26-18,		ICD-10	795.5G	1996	Current	
10/10/2019 13:45 EST Avent, Stephanie RN, QM Reports receiving LTBI prophy in 1996 for 1 year at Utah State Prison. Asymptomatic, HIV NR 10-26-18,		ICD-10	795.5G	1996	Current	
Liver cell carcinoma						
09/19/2023 10:11 EST Sichel, Lawrence (MAT) MD 1.6 cm hepatic mass, suspicious for HCC—s/p y90 radioembolization 3/1/23.		ICD-10	C220	10/27/2022	Current	
06/22/2023 14:45 EST Purdie, Tiffany FNP-C Treatment completed 03/2023 Y90 radioembolization of R ant hepatic artery		ICD-10	C220	10/27/2022	Current	
10/27/2022 14:59 EST Ward, Emad MD		ICD-10	C220	10/27/2022	Current	
Thrombocytopenia, unspecified						
09/19/2023 10:15 EST Sichel, Lawrence (MAT) MD Plts 86k 8/26/19 59k 7/15/20 67k 5/17/21 76k 8/29/23		ICD-10	D696	07/11/2019	Current	
09/21/2021 14:27 EST Sichel, Lawrence MD Plts 86k 8/26/19 59k 7/15/20 67k 5/17/21 65k 9/17/21		ICD-10	D696	07/11/2019	Current	
07/07/2021 10:14 EST Sichel, Lawrence MD Plts 86k 8/26/19 59k 7/15/20 67k 5/17/21		ICD-10	D696	07/11/2019	Current	
10/08/2020 13:57 EST Sichel, Lawrence MD Plts 86k 8/26/19 59k 7/15/20		ICD-10	D696	07/11/2019	Current	

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<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
10/24/2019 13:43 EST Sichel, Lawrence MD Plts 86k 8/26/19	ICD-10		D696	07/11/2019	Current	
07/11/2019 16:53 EST Njai, Pamela NP on hep c treatment	ICD-10		D696	07/11/2019	Current	
Encephalopathy						
10/18/2023 09:44 EST Purdie, Tiffany (MAT) FNP-C	ICD-10		G9340	07/27/2021	Current	10/18/2023
09/21/2021 14:27 EST Sichel, Lawrence MD Encephalopathy likely secondary to decreased use of Lactulose.	ICD-10		G9340	07/27/2021	Remission	09/21/2021
07/27/2021 09:38 EST Sichel, Lawrence MD Encephalopathy likely secondary to decreased use of Lactulose. Improved.	ICD-10		G9340	07/27/2021	Current	
07/27/2021 09:37 EST Sichel, Lawrence MD	ICD-10		G9340	07/27/2021	Current	
Sensorineural hearing loss, bilateral						
04/12/2021 12:02 EST Hartzog, Michelle AuD	ICD-10		H903	04/12/2021	Current	
Unspecified hearing loss						
07/26/2023 09:25 EST Purdie, Tiffany FNP-C Left greater then right.	ICD-10		H9190	02/03/2020	Current	
10/08/2020 14:01 EST Sichel, Lawrence MD Left greater then right. No response to all frequencies except for 500hz on screening hearing test.	ICD-10		H9190	02/03/2020	Current	
02/03/2020 11:05 EST Sichel, Lawrence MD Left greater then right	ICD-10		H9190	02/03/2020	Current	
Esophageal varices without bleeding						
09/19/2023 10:21 EST Sichel, Lawrence (MAT) MD On Beta blocker and PPI.	ICD-10		I8500	03/05/2021	Current	
09/21/2021 14:27 EST Sichel, Lawrence MD On Beta blocker and PPI.	ICD-10		I8500	03/05/2021	Current	
09/21/2021 14:04 EST Sichel, Lawrence MD on propranolol and PPI.	ICD-10		I8500	03/05/2021	Current	
03/05/2021 11:22 EST Oliver, Christopher PA-C on propranolol and PPI	ICD-10		I8500	03/05/2021	Current	
03/05/2021 11:20 EST Oliver, Christopher PA-C on propranolol	ICD-10		I8500	03/05/2021	Current	
Varicose veins of other specified sites						
12/04/2023 13:56 EST Purdie, Tiffany (MAT) FNP-C Located on abdomen	ICD-10		I868	12/04/2023	Current	
Unspecified cirrhosis of liver						
09/19/2023 10:13 EST Sichel, Lawrence (MAT) MD	ICD-10		K7460	2017	Current	

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<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Bilirubin 1.6, Alb 3.6 8/29/23 Imaging shows morphology consistent with Cirrhosis.						
09/21/2021 14:29 EST Sichel, Lawrence MD		ICD-10	K7460	2017	Current	
Alb 3.3 INR 1.26 5/17/21 INR 1.19 9/17/21						
07/07/2021 10:14 EST Sichel, Lawrence MD		ICD-10	K7460	2017	Current	
Alb 3.3 INR 1.26 5/17/21						
10/08/2020 14:07 EST Sichel, Lawrence MD		ICD-10	K7460	2017	Current	
INR 1.19 (0.9-1.09) 8/26/19 Alb 3.8 INR 1.15 7/15/20						
10/24/2019 13:54 EST Sichel, Lawrence MD		ICD-10	K7460	2017	Current	
INR 1.19 (0.9-1.09) 8/26/19						
10/24/2019 13:43 EST Sichel, Lawrence MD		ICD-10	K7460	2017	Current	
INR 1.19 8/26/19						
11/06/2018 15:38 EST Sichel, Lawrence MD		ICD-10	K7460	2017	Current	
10/23/2018 14:18 EST Sielicki, Stanislaw MLP		ICD-10	K7460	10/23/2018	Current	
diagnosed in 2017						
Secondary osteoarthritis, unspecified site						
09/19/2023 10:14 EST Sichel, Lawrence (MAT) MD		ICD-10	M1993	01/16/2019	Current	
Post traumatic arthritis right ankle. right ankle fusion surgery is pending.						
06/22/2023 14:48 EST Purdie, Tiffany FNP-C		ICD-10	M1993	01/16/2019	Current	
Post traumatic arthritis right ankle. right ankle fusion surgery is pending						
06/22/2023 14:45 EST Purdie, Tiffany FNP-C		ICD-10	M1993	01/16/2019	Current	
Post traumatic arthritis right ankle. Needs right ankle fusion surgery						
09/04/2020 13:45 EST Sichel, Lawrence MD		ICD-10	M1993	01/16/2019	Current	
Post traumatic arthritis right ankle.						
04/17/2019 11:33 EST Sichel, Lawrence MD		ICD-10	M1993	01/16/2019	Current	
post traumatic arthritis right ankle.						
01/16/2019 16:46 EST Hall, Reginald MD		ICD-10	M1993	01/16/2019	Current	
post traumatic arthritis right ankle						
Contracture, unspecified joint						
09/19/2023 10:14 EST Sichel, Lawrence (MAT) MD		ICD-10	M2450	01/16/2019	Current	
Equinous right ankle.						
09/04/2020 13:45 EST Sichel, Lawrence MD		ICD-10	M2450	01/16/2019	Current	
Equinous right ankle.						
10/24/2019 13:43 EST Sichel, Lawrence MD		ICD-10	M2450	01/16/2019	Current	
equinous right ankle.						
01/16/2019 16:46 EST Hall, Reginald MD		ICD-10	M2450	01/16/2019	Current	
equinous right ankle						
No Diagnosis						
09/19/2023 17:00 EST Gand, A. PsyD	I	DSM-IV	No Dx	09/19/2023	Current	

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<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Nocturia						
09/06/2023 09:27 EST Purdie, Tiffany FNP-C		ICD-10	R351	09/06/2023	Current	
Long term (current) use of non-steroidal non-inflam (NSAID)						
09/05/2023 08:46 EST Purdie, Tiffany FNP-C		ICD-10	Z791	09/05/2023	Current	
Other specified postprocedural states						
09/19/2023 10:15 EST Sichel, Lawrence (MAT) MD s/p right tibial biopsy (03/27/23).		ICD-10	Z9889	02/25/2021	Current	
03/29/2023 14:54 EST McClure, B. NP-C s/p right tibial biopsy (03/27/23)		ICD-10	Z9889	02/25/2021	Current	
09/21/2021 14:30 EST Sichel, Lawrence MD hardware removal from R lower leg on 2-17-21.		ICD-10	Z9889	02/25/2021	Current	
03/01/2021 09:48 EST Howard, Arnold PA-C hardware removal from R lower leg on 2-17-21		ICD-10	Z9889	02/25/2021	Current	
02/25/2021 10:36 EST Ward, Emad MD		ICD-10	Z9889	02/25/2021	Current	
Remission						
Chronic viral hepatitis C						
12/05/2019 10:15 EST Sichel, Lawrence MD APRI 4.28 10/26/18 Treatment with Epclusa completed 9/9/19. HCV undetectable 11/21/19		ICD-10	B182	1996	Remission	12/05/2019
10/24/2019 13:43 EST Sichel, Lawrence MD APRI 4.28 10/26/18 Treatment with Epclusa completed 9/9/19.		ICD-10	B182	1996	Current	
09/13/2019 16:09 EST Sichel, Lawrence MD APRI 4.28 10/26/18 Treatment with Epclusa completed 9/9/19		ICD-10	B182	1996	Current	
11/06/2018 15:35 EST Sichel, Lawrence MD APRI 4.28 10/26/18		ICD-10	B182	1996	Current	
10/23/2018 14:18 EST Sielicki, Stanislaw MLP hx since 1996		ICD-10	B182	10/23/2018	Current	
Esophageal varices with bleeding						
10/08/2020 14:03 EST Sichel, Lawrence MD x2 hospitalized for varices bleeding. Grade 3 with multiple bands placed by GI.		ICD-10	I8501	10/23/2018	Remission	10/08/2020
10/24/2019 13:43 EST Sichel, Lawrence MD x2 hospitalized for varices bleeding. Grade 3 with multiple bands placed by GI.		ICD-10	I8501	10/23/2018	Current	
04/17/2019 11:33 EST Sichel, Lawrence MD x2 hospitalized for varices bleeding. Grade 3 with multiple bands placed by GI		ICD-10	I8501	10/23/2018	Current	

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<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
11/06/2018 15:38 EST Sichel, Lawrence MD x2 hospitalized for varices bleeding.		ICD-10	I8501	10/23/2018	Current	
10/23/2018 14:18 EST Sielicki, Stanislaw MLP x2 hospitalized for varices bleeding		ICD-10	I8501	10/23/2018	Current	
Disruption of wound						
09/21/2021 14:29 EST Sichel, Lawrence MD right leg secondary to necrosis of skin		ICD-10	T8130X	03/10/2021	Remission	09/21/2021
03/10/2021 14:43 EST Hall, Reginald MD right leg secondary to necrosis of skin		ICD-10	T8130X	03/10/2021	Current	
Resolved						
Dermatophytosis [tinea, ringworm]						
09/19/2022 13:36 EST Ward, Emad MD Right dorsal foot		ICD-10	B359	09/21/2021	Resolved	09/19/2022
09/21/2021 14:30 EST Sichel, Lawrence MD Right dorsal foot		ICD-10	B359	09/21/2021	Current	
Unspecified protein-calorie malnutrition						
04/26/2021 13:24 EST Ward, Emad MD		ICD-10	E46	03/05/2021	Resolved	04/26/2021
03/05/2021 12:32 EST Oliver, Christopher PA-C		ICD-10	E46	03/05/2021	Current	
Delirium due to known physiological condition						
09/22/2023 12:45 EST Njai, Pamela NP Encephalopathy versus Spontaneous Bacterial Peritonitis.		ICD-10	F05	09/19/2023	Resolved	09/22/2023
09/19/2023 09:19 EST Sichel, Lawrence (MAT) MD Encephalopathy versus Spontaneous Bacterial Peritonitis.		ICD-10	F05	09/19/2023	Current	
Otitis externa						
07/19/2019 09:46 EST Sichel, Lawrence MD		ICD-10	H6090	07/08/2019	Resolved	07/19/2019
07/08/2019 09:50 EST Njai, Pamela NP		ICD-10	H6090	07/08/2019	Current	
Hypotension						
07/19/2019 09:46 EST Sichel, Lawrence MD orthostatic Educated on oral hydrarion		ICD-10	I959	07/08/2019	Resolved	07/19/2019
07/08/2019 14:13 EST Njai, Pamela NP orthostatic Educated on oral hydrarion		ICD-10	I959	07/08/2019	Current	
07/08/2019 09:50 EST Njai, Pamela NP orthostatic		ICD-10	I959	07/08/2019	Current	
Dental caries on smooth surface penetrating into pulp						

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11/21/2023 08:58 EST Vega, Rafael DMD On #4		ICD-10	K0263	11/21/2023	Resolved	11/21/2023
Dental caries						
12/16/2020 09:09 EST Young, Norman DMD		ICD-10	K029	12/16/2020	Resolved	12/16/2020
Unsatisfactory restoration of tooth						
12/16/2020 09:09 EST Young, Norman DMD		ICD-10	K0850	12/16/2020	Resolved	12/16/2020
Fractured dental restorative material with loss of material						
11/21/2023 08:58 EST Vega, Rafael DMD On #4		ICD-10	K08531	11/21/2023	Resolved	11/21/2023
Gastro-esophageal reflux disease with esophagitis						
10/08/2020 14:10 EST Sichel, Lawrence MD No report of this on multiple endoscopies.		ICD-10	K210	11/14/2019	Resolved	10/08/2020
11/14/2019 14:13 EST Ward, Emad MD		ICD-10	K210	11/14/2019	Current	
Hepatic failure						
07/27/2021 09:37 EST Sichel, Lawrence MD Encephalopathy likely secondary to decreased use of Lactulose. Improved.		ICD-10	K7290	07/27/2021	Resolved	07/27/2021
04/06/2021 09:43 EST Ward, Emad MD Encephalopathy likely secondary to not using Lactulose. Improving.		ICD-10	K7290	01/19/2021	Resolved	04/06/2021
01/20/2021 14:05 EST Sichel, Lawrence MD Encephalopathy likely secondary to not using Lactulose. Improving.		ICD-10	K7290	01/19/2021	Current	
01/19/2021 16:10 EST Sichel, Lawrence MD Encephalopathy likely secondary to not using Lactulose.		ICD-10	K7290	01/19/2021	Current	
01/19/2021 16:04 EST Sichel, Lawrence MD Encephalopathy likely to not using Lactulose.		ICD-10	K7290	01/19/2021	Current	
Cellulitis, unspecified						
08/16/2023 10:29 EST Purdie, Tiffany FNP-C RLE		ICD-10	L0390	08/15/2023	Resolved	08/16/2023
08/15/2023 09:48 EST Bart-Plange, Albert APRN, FNP-C RLE		ICD-10	L0390	08/15/2023	Current	
Cellulitis, unspecified						
09/19/2022 13:36 EST Ward, Emad MD with worsening chronic osteomyelitis		ICD-10	L0390	02/18/2022	Resolved	09/19/2022
02/28/2022 13:57 EST Purdie, Tiffany FNP-C with worsening chronic osteomyelitis		ICD-10	L0390	02/18/2022	Current	02/18/2022
02/18/2022 10:26 EST Sichel, Lawrence MD Recurrent RLE cellulitis that resolved with oral antibiotics. Diagnosed with Sepsis secondary to group B bacteremia in hospital previously.		ICD-10	L0390	02/18/2022	Current	02/18/2022

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<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
11/22/2021 10:27 EST Sichel, Lawrence MD Recurrent RLE cellulitis that resolved with oral antibiotics. Diagnosed with Sepsis secondary to group B bacteremia in hospital previously.	ICD-10		L0390	10/30/2020	Resolved	11/22/2021
11/22/2021 10:21 EST Sichel, Lawrence MD Recurrent RLE cellulitis. Diagnosed with Sepsis secondary to group B bacteremia in hospital. Responded to oral antibiotics.	ICD-10		L0390	10/30/2020	Resolved	11/22/2021
11/15/2021 10:06 EST Sichel, Lawrence MD Recurrent RLE cellulitis. Diagnosed with Sepsis secondary to group B bacteremia in hospital. Responding to oral antibiotics.	ICD-10		L0390	10/30/2020	Current	11/12/2021
11/12/2021 09:37 EST Sichel, Lawrence MD Recurrent RLE cellulitis. Diagnosed with Sepsis secondary to group B bacteremia in hospital.	ICD-10		L0390	10/30/2020	Current	11/12/2021
11/20/2020 11:27 EST Sichel, Lawrence MD Recurrent RLE cellulitis. Diagnosed with Sepsis secondary to group B bacteremia in hospital.	ICD-10		L0390	10/30/2020	Resolved	11/20/2020
11/03/2020 11:02 EST Sichel, Lawrence MD Recurrent RLE cellulitis. Diagnosed with Sepsis secondary to group B bacteremia in hospital. Improving.	ICD-10		L0390	10/30/2020	Current	10/30/2020
10/30/2020 08:07 EST Sichel, Lawrence MD Recurrent RLE cellulitis	ICD-10		L0390	10/30/2020	Current	10/30/2020
11/18/2019 09:41 EST Ward, Emad MD RLE cellulitis - improving.	ICD-10		L0390	09/13/2019	Resolved	11/18/2019
11/14/2019 14:11 EST Ward, Emad MD RLE cellulitis - improving.	ICD-10		L0390	09/13/2019	Current	11/14/2019
10/02/2019 11:38 EST Sichel, Lawrence MD RLE cellulitis - improving.	ICD-10		L0390	09/13/2019	Resolved	10/02/2019
09/23/2019 13:30 EST Sichel, Lawrence MD RLE cellulitis - improving.	ICD-10		L0390	09/13/2019	Current	09/13/2019
09/13/2019 15:42 EST Sichel, Lawrence MD RLE cellulitis - recurrent.	ICD-10		L0390	09/13/2019	Current	09/13/2019
08/09/2019 10:14 EST Sichel, Lawrence MD RLE cellulitis improved.	ICD-10		L0390	07/08/2019	Resolved	08/09/2019
07/19/2019 09:47 EST Sichel, Lawrence MD RLE cellulitis improving.	ICD-10		L0390	07/08/2019	Current	
07/11/2019 16:52 EST Njai, Pamela NP RLE cellulitis improving	ICD-10		L0390	07/08/2019	Current	
07/09/2019 14:18 EST Njai, Pamela NP RLE cellulitis	ICD-10		L0390	07/08/2019	Current	
07/08/2019 14:08 EST Njai, Pamela NP RLE	ICD-10		L0390	07/08/2019	Current	

Dermatitis, unspecified

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09/19/2022 13:36 EST Ward, Emad MD		ICD-10	L309	04/14/2022	Resolved	09/19/2022
04/14/2022 15:46 EST Oliver, Christopher PA-C		ICD-10	L309	04/14/2022	Current	
Low back pain						
10/08/2020 13:11 EST Sichel, Lawrence MD		ICD-10	M545	07/13/2020	Resolved	10/08/2020
07/14/2020 14:28 EST Njai, Pamela NP		ICD-10	M545	07/13/2020	Current	
Other low back pain						
09/19/2023 08:27 EST Sichel, Lawrence (MAT) MD		ICD-10	M5459	08/19/2022	Resolved	09/19/2023
08/19/2022 11:49 EST Ward, Emad MD		ICD-10	M5459	08/19/2022	Current	
Pain in unspecified limb						
06/08/2021 12:41 EST Ward, Emad MD		ICD-10	M79609	07/08/2019	Resolved	06/08/2021
Right lower leg from construction accident.						
11/09/2020 14:37 EST Sichel, Lawrence MD		ICD-10	M79609	07/08/2019	Current	
Right lower leg from construction accident.						
10/29/2020 11:58 EST Sichel, Lawrence MD		ICD-10	M79609	07/08/2019	Current	
Right lower leg from construction accident. May be starting to develop another infection in that leg.						
10/02/2019 11:38 EST Sichel, Lawrence MD		ICD-10	M79609	07/08/2019	Current	
Right lower leg from construction accident.						
07/08/2019 09:50 EST Njai, Pamela NP		ICD-10	M79609	07/08/2019	Current	
Osteomyelitis, unspecified						
09/19/2022 13:36 EST Ward, Emad MD		ICD-10	M869	02/25/2021	Resolved	09/19/2022
02/25/2022 20:06 EST Igboekwe, Vincent MD		ICD-10	M869	02/25/2021	Current	02/25/2022
04/01/2021 10:45 EST Ward, Emad MD		ICD-10	M869	02/25/2021	Resolved	04/01/2021
02/25/2021 10:36 EST Ward, Emad MD		ICD-10	M869	02/25/2021	Current	
Osteomyelitis, unspecified						
02/28/2021 08:18 EST Ward, Emad MD		ICD-10	M869	02/24/2021	Resolved	02/28/2021
Right lower leg. Bone culture MSSA						
02/24/2021 15:51 EST Sichel, Lawrence MD		ICD-10	M869	02/24/2021	Current	
Right lower leg. Bone culture MSSA						
Elevated blood-pressure reading, w/o diagnosis of htn						
11/20/2020 11:27 EST Sichel, Lawrence MD		ICD-10	R030	10/08/2020	Resolved	11/20/2020
Weight gain, not taking propranolol, high salt intake all contributing						
10/08/2020 14:27 EST Sichel, Lawrence MD		ICD-10	R030	10/08/2020	Current	
Weight gain, not taking propranolol, high salt intake all contributing						
Unspecified abdominal pain						
09/19/2023 08:27 EST Sichel, Lawrence (MAT) MD		ICD-10	R109	08/16/2023	Resolved	09/19/2023
Epigastric area						

Reg #: 18242-081

Inmate Name: MCCLOY, JEREMY WILFORD

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
08/16/2023 10:29 EST Purdie, Tiffany FNP-C Epigastric area		ICD-10	R109	08/16/2023	Current	
Unspecified abdominal pain						
04/06/2021 09:43 EST Ward, Emad MD		ICD-10	R109	03/25/2020	Resolved	04/06/2021
10/29/2020 11:58 EST Sichel, Lawrence MD		ICD-10	R109	03/25/2020	Current	
10/08/2020 14:10 EST Sichel, Lawrence MD		ICD-10	R109	03/25/2020	Current	
Secondary to portal gastropathy ?						
10/08/2020 14:07 EST Sichel, Lawrence MD		ICD-10	R109	03/25/2020	Current	
Secondary to portal gastropathy ? Occult epigastric hernia ?						
03/25/2020 11:17 EST Sichel, Lawrence MD		ICD-10	R109	03/25/2020	Current	
Secondary to portal gastropathy? Occult epigastric hernia?						
Unspecified abdominal pain						
08/09/2019 10:15 EST Sichel, Lawrence MD		ICD-10	R109	11/06/2018	Resolved	08/09/2019
Etiology unclear. Observe off Omeprazole.						
11/06/2018 15:40 EST Sichel, Lawrence MD		ICD-10	R109	11/06/2018	Current	
Etiology unclear. Observe off Omeprazole.						
Diarrhea, unspecified						
10/24/2019 13:19 EST Sichel, Lawrence MD		ICD-10	R197	09/18/2019	Resolved	10/24/2019
negative c diff						
09/18/2019 15:39 EST Njai, Pamela NP		ICD-10	R197	09/18/2019	Current	
negative c diff						
Unsp symptoms and signs involving the musculoskeletal system						
10/08/2020 14:07 EST Sichel, Lawrence MD		ICD-10	R2991	02/06/2020	Resolved	10/08/2020
Arthralgia. Slight erythema and warmth in right lower leg						
02/06/2020 09:28 EST Sichel, Lawrence MD		ICD-10	R2991	02/06/2020	Current	
Arthralgia. Slight erythema and warmth in right lower leg						
02/06/2020 09:21 EST Sichel, Lawrence MD		ICD-10	R2991	02/06/2020	Current	
Arthralgia						
Dizziness and giddiness						
07/19/2019 09:47 EST Sichel, Lawrence MD		ICD-10	R42	07/08/2019	Resolved	07/19/2019
slow with change of position increase hydration						
07/08/2019 14:20 EST Njai, Pamela NP		ICD-10	R42	07/08/2019	Current	
slow with change of position increase hydration						
07/08/2019 09:50 EST Njai, Pamela NP		ICD-10	R42	07/08/2019	Current	
Fever, unspecified						
08/16/2023 10:29 EST Purdie, Tiffany FNP-C		ICD-10	R509	08/15/2023	Resolved	08/16/2023
Right lower extremity cellulitis						

Reg #: 18242-081

Inmate Name: MCCLOY, JEREMY WILFORD

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
08/15/2023 09:46 EST Bart-Plange, Albert APRN, FNP-C Right lower extremity cellulitis		ICD-10	R509	08/15/2023	Current	08/15/2023
07/19/2019 09:46 EST Sichel, Lawrence MD Right lower extremity cellulitis		ICD-10	R509	07/08/2019	Resolved	07/19/2019
07/08/2019 14:21 EST Njai, Pamela NP Fever of unknown origin Consider left lower extremity cellulitis F/u labs in the AM		ICD-10	R509	07/08/2019	Current	07/08/2019
07/08/2019 14:05 EST Njai, Pamela NP Fever of unknown origin Consider left lower extremity cellulitis		ICD-10	R509	07/08/2019	Current	07/08/2019
07/08/2019 09:50 EST Njai, Pamela NP Fever, unspecified		ICD-10	R509	07/08/2019	Remission	07/08/2019
11/15/2019 07:04 EST Ward, Emad MD Possible recurrence of right lower leg cellulitis.		ICD-10	R509	11/14/2019	Resolved	11/15/2019
11/14/2019 09:53 EST Sichel, Lawrence MD Possible recurrence of right lower leg cellulitis.		ICD-10	R509	11/14/2019	Current	
Headache						
03/25/2020 11:17 EST Sichel, Lawrence MD May be secondary to infection/fever		ICD-10	R51	07/08/2019	Resolved	03/25/2020
11/14/2019 09:53 EST Sichel, Lawrence MD May be secondary to infection/fever		ICD-10	R51	07/08/2019	Current	11/14/2019
09/23/2019 13:30 EST Sichel, Lawrence MD		ICD-10	R51	07/08/2019	Resolved	09/23/2019
07/08/2019 09:50 EST Njai, Pamela NP		ICD-10	R51	07/08/2019	Current	
Open wound, lower leg						
09/19/2023 08:28 EST Sichel, Lawrence (MAT) MD Healed as of exam 1/20/23		ICD-10	S81809	11/12/2021	Resolved	09/19/2023
01/20/2023 11:11 EST Hall, Reginald MD Healed as of exam 1/20/23		ICD-10	S81809	11/12/2021	Current	
11/22/2021 10:21 EST Sichel, Lawrence MD Right. Persistent.		ICD-10	S81809	11/12/2021	Current	
11/15/2021 10:06 EST Sichel, Lawrence MD Right.		ICD-10	S81809	11/12/2021	Current	
11/12/2021 09:38 EST Sichel, Lawrence MD Right		ICD-10	S81809	11/12/2021	Current	
Family history of other cardiovascular diseases						
11/06/2018 15:39 EST Sichel, Lawrence MD father died of cardiovascular disease age 50	III	ICD-9	V17.49	12/30/2011	Resolved	11/06/2018
12/30/2011 16:56 EST Christensen, Laura FNP-BC	III	ICD-9	V17.49	12/30/2011	Current	12/30/2011

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Inmate Name: MCCLOY, JEREMY WILFORD

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
father died of cardiovascular disease age 50						
Family history of diabetes mellitus						
11/06/2018 15:39 EST Sichel, Lawrence MD	III	ICD-9	V18.0	12/30/2011	Resolved	11/06/2018
two brothers						
12/30/2011 16:56 EST Christensen, Laura FNP-BC	III	ICD-9	V18.0	12/30/2011	Current	12/30/2011
two brothers						
Coronavirus COVID-19 test negative						
09/19/2023 08:28 EST Sichel, Lawrence (MAT) MD		ICD-10	Z03818-	10/30/2020	Resolved	09/19/2023
6/11/2021 POC COVID neg						
ABBOTT SWAB IN: 10-30-20 NEG						
PCR: OUT: 11.16.20 NEG						
06/11/2021 11:07 EST Oliver, Christopher PA-C		ICD-10	Z03818-	10/30/2020	Current	
6/11/2021 POC COVID neg						
ABBOTT SWAB IN: 10-30-20 NEG						
PCR: OUT: 11.16.20 NEG						
11/20/2020 11:39 EST Boone, Kim RN, IOP/IDC		ICD-10	Z03818-	10/30/2020	Current	
ABBOTT SWAB IN: 10-30-20 NEG						
PCR: OUT: 11.16.20 NEG						
11/05/2020 09:47 EST Boone, Kim RN, IOP/IDC		ICD-10	Z03818-	10/30/2020	Current	
ABBOTT SWAB IN: 10-30-20 NEG						
Intake Observation						
03/28/2022 11:28 EST Ale, Kaitlyn PA-C		ICD-10	Z0489-i	03/15/2022	Resolved	03/28/2022
03/16/2022 08:07 EST Mangum, D. QIIC RN		ICD-10	Z0489-i	03/15/2022	Current	
Quarantine - asymptomatic person in quarantine						
03/09/2022 09:20 EST Purdie, Tiffany FNP-C		ICD-10	Z0489-q	02/24/2021	Resolved	03/09/2022
02/25/2022 20:06 EST Igboekwe, Vincent MD		ICD-10	Z0489-q	02/24/2021	Current	02/25/2022
03/12/2021 12:42 EST Oliver, Christopher PA-C		ICD-10	Z0489-q	02/24/2021	Resolved	03/12/2021
2/25-3/11/2021 OSH return, no hx of COVID/exposure, intake screening neg, PCR						
2/24/2021 Neg, PCR 3/10/2021 Neg, quarantine removed 3/12/2021						
03/02/2021 10:35 EST Oliver, Christopher PA-C		ICD-10	Z0489-q	02/24/2021	Current	02/25/2021
2/25-3/11/2021 OSH return, no hx of COVID/exposure, intake screening neg, PCR						
2/24/2021 Neg						
02/25/2021 08:09 EST Mangum, D. RN, QI, IDC		ICD-10	Z0489-q	02/24/2021	Current	02/25/2021
11/20/2020 11:27 EST Sichel, Lawrence MD		ICD-10	Z0489-q	11/03/2020	Resolved	11/20/2020
QUARANTINE AFTER OSH RETURN: 11-3-20 TO 11-16-20						
11/05/2020 11:02 EST Boone, Kim RN, IOP/IDC		ICD-10	Z0489-q	11/03/2020	Current	
QUARANTINE AFTER OSH RETURN: 11-3-20 TO 11-16-20						
11/05/2020 09:47 EST Boone, Kim RN, IOP/IDC		ICD-10	Z0489-q	10/31/2020	Current	
QUARANTINE AFTER OSH RETURN: 10-31-20 TO 11-13-20						

Reg #: 18242-081

Inmate Name: MCCLOY, JEREMY WILFORD

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Encounter for palliative care						
09/19/2023 08:28 EST Sichel, Lawrence (MAT) MD		ICD-10	Z515	06/09/2022	Resolved	09/19/2023
06/09/2022 08:57 EST Ward, Emad MD		ICD-10	Z515	06/09/2022	Current	
Long term (current) use of non-steroidal non-inflam (NSAID)						
10/24/2019 13:43 EST Sichel, Lawrence MD		ICD-10	Z791	10/23/2018	Resolved	10/24/2019
01/17/2019 11:40 EST Kubin, Rachel PA-C		ICD-10	Z791	10/23/2018	Current	01/17/2019
11/06/2018 15:40 EST Sichel, Lawrence MD		ICD-10	Z791	10/23/2018	Resolved	11/06/2018
10/23/2018 14:52 EST Sielicki, Stanislaw MLP		ICD-10	Z791	10/23/2018	Current	
Current						
Low back pain						
07/13/2020 10:53 EST Njai, Pamela NP		ICD-10	M545	07/13/2020	Current	
--error						
07/13/2020 10:42 EST Njai, Pamela NP		ICD-10	M545	07/13/2020	Current	

Total: 57

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: MCCLOY, JEREMY WILFORD	Reg #: 18242-081
Date of Birth: 08/24/1971	Sex: M Race: WHITE Facility: BUH
Encounter Date: 03/22/2023 13:19	Provider: Hall, Reginald MD Unit: B03

Physician - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Hall, Reginald MD

Chief Complaint: ORTHOPEDIC/RHEUMATOLOGY

Subjective: Inmate brought down to discuss MRI results and tentative plan moving forward. He has had embolization of the liver lesion ~3 weeks ago. He reports persistent chronic pain right anteromedial ankle. Reports he just tried weightbearing outside and unable to do much because of pain. He is requesting pain medication. He denies fever and chills.

Pain: Yes

Pain Assessment

Date: 03/22/2023 13:25

Location: Ankle-Right

Quality of Pain: Aching

Pain Scale: 8

Intervention: possible surgery

Trauma Date/Year:

Injury:

Mechanism: Post op-2/17/2021 debridement/hardware removal @ GMC.

Onset: 1-5 Years

Duration: 1-5 Years

Exacerbating Factors: WBA

Relieving Factors: ?

Reason Not Done:

Comments:

OBJECTIVE:

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

No: Appears Distressed

Exam Comments

Right ankle:

surgical scars noted and no erythema nor swelling in region of area prior delayed wound healing;min if any TTP in that area

decreased motion of ankle, unable to get him to neutral

subtalar motion about 50% of normal but without pain

heel is in slight varus and not correctable

Inmate Name: MCCLOY, JEREMY WILFORD	Sex: M	Race: WHITE	Reg #: 18242-081
Date of Birth: 08/24/1971	Provider: Hall, Reginald MD	Facility: BUH	Unit: B03
Encounter Date: 03/22/2023 13:19			

first ray may be in plantarflexion

max TTP in the anterior and medial gutter of the ankle

the distal aspect of his anterior surgical scar is about 5cm anterior to where incision would be made for lateral approach

Comments

MRI of tibia 3/10/23:

IMPRESSION:

Persistent cavity within the distal tibial shaft with anterolateral cortical defect consistent with a chronic Brodie's abscess. Although the cavity itself does not appear to have changed significantly, there has been substantial reduction in marrow edema signal extending proximally and distally from the abscess within the tibial shaft.

Additionally, local muscular edema appears to have reduced substantially

ASSESSMENT:

Secondary osteoarthritis, unspecified site, M1993 - Current

PLAN:

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-CBC w/diff	One Time	03/23/2023 00:00	Routine
Lab Tests-C-Comprehensive Metabolic Profile (CMP)			
Lab Tests-P-PT/INR (not POC)			
Lab Tests-P-PTT			
Additional Information:			
pre op			

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
CT-Lower Extremities-General [Right]	One Time		03/27/2023	Routine

Specific reason(s) for request (Complaints and findings):

CT scan with grid for localization of approach for biopsy of possible brodie's abscess distal tibia. Should be done on Monday morning 3/27/23 (check with Mrs. Thorpe about grid marker)

New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Procedure Preparation	Daily	1 day	hibiclens wash entire body to include right lower extremity (please give inmate give inmate Hibiclens Wash Education handout from BEMR and bottle of hibiclens) to start on Saturday 3/25/23	Hall, Reginald MD
	Order Date:	03/22/2023		
NPO	One Time		NPO after midnight on Sunday 3/26/23 for surgery 3/27/23	Hall, Reginald MD
	Order Date:	03/22/2023		

Disposition:

Will Be Placed on Callout

Other:

I reviewed MRI results with him. Unfortunately, I can't r/o possibility of smoldering infection. I discussed biopsy for culture prior to considering ankle fusion. Reviewed risk including nerve or blood vessel injury, poor wound healing and

Inmate Name: MCCLOY, JEREMY WILFORD

Reg #: 18242-081

Date of Birth: 08/24/1971

Sex: M Race: WHITE

Facility: BUH

Encounter Date: 03/22/2023 13:19

Provider: Hall, Reginald MD

Unit: B03

reactivation of infection. I also spent time talking with him about ankle fusion. In order to stay out of area of prior infection I would tend to use lateral approach or posterior approach, however there is risk that skin bridge between the new and old incision could necrose leading to need for flap or amputation. He stated that after talking with family he would like to consider ankle replacement. I would be less inclined to do that given history of infection and that I don't think UR would approve given that fusion could give as good pain relief and could be done here at the FMC. Option would be for him to wait until he is released to have ankle replacement

I talked to him about his increased risk of complication given existence of thrombocytopenia and liver disease. Literature is not definitive with regard to platelet transfusion. I have reviewed literature and talked with hematologist about indications and conclusion was to not give platelets prior to surgery. I would use a tourniquet and might have to use twice which could lead to increased risk of nerve injury but I would still be inclined to use it given thrombocytopenia. Unfortunately no good parameters to gauge nutritional status nor infection. I have talked with dietician and plan would be to treat with nutritional supplement about a week before surgery.

Bottom line he is at substantially increased risk of complication which could ultimately end in amputation. He verbalized understanding and would like to have something done since he would not have the resources when he gets to the street. I did talk to him about vocational rehab. He would like to proceed in the direction of having surgery. I tentatively had him on the schedule for this Monday if we can get grid to help with approach for biopsy.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
03/22/2023	Counseling	Test/X-ray Results	Hall, Reginald	Verbalizes Understanding
03/22/2023	Counseling	Surgical Risk	Hall, Reginald	Verbalizes Understanding
03/22/2023	Counseling	Plan of Care	Hall, Reginald	Verbalizes Understanding

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Hall, Reginald MD on 03/23/2023 14:04

Inmate Name: MCCLOY, JEREMY WILFORD

Reg #: 18242-081

Date of Birth: 08/24/1971

Sex: M Race: WHITE

Facility: BUH

Encounter Date: 05/19/2023 13:24

Provider: Hall, Reginald MD

Unit: B03

PLAN:**Disposition:**

Will Be Placed on Callout

Other:

Traditionally I would go laterally but I am concerned that he will have small skin bridge that could be at risk for necrosis. Unfortunately, anterior approach likely to involve area of prior wound healing difficulties. At this time I am planning a posterior approach. This will require special equipment that we are looking in to. I also touch on the issue of the cortical hole anteriorly that would be a stress riser. I am concerned about disturbing this area (potentially stirring up dormant bacteria). Because is likely to need bone graft, could consider trying to graft area through small incision. Of course he would like to have this done. I am still on the fence about this.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
05/19/2023	Counseling	Plan of Care	Hall, Reginald	Verbalizes Understanding

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Hall, Reginald MD on 05/19/2023 13:32

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: MCCLOY, JEREMY WILFORD	Reg #: 18242-081
Date of Birth: 08/24/1971	Sex: M Race: WHITE Facility: BUH
Encounter Date: 09/27/2023 09:31	Provider: Carden, Andres MD Unit: S02

Physician - Oncology Note encounter performed at Oncology Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Carden, Andres MD

Chief Complaint: Oncology

Subjective: HCC

Dx: HCV Cirrhosis/portal HTN, esophageal varices. Jan 2021 US neg for liver mass. Aug 2022 US: 2.3 cm R liver mass. MRI: 1.6 cm segment VII, R hepatic dome mass, possible arterial phase hyperenhancement (LI-RADS category 4). AFP 2.7. Sept 2022 IR: unable to bx safely due to location. March 1st, 2023 Y90 radioembolization of R ant hepatic artery. April 2023 AFP 135. May 2023 MRI: post radioembolization findings. Aug 2023 AFP 168. Sept 2023 US Hepatic cirrhosis changes. segment VIII lesion not well visualized. CT: Wedge-shaped area of diminished enhancement, segmental biliary ductal dilatation hepatic segment VIII consistent w/ embolization R ant hepatic artery distribution.

Today he is doing okay and voices no new complaints. He denies abdominal pain or bleeding.

Plan: Pleasingly he had had a favorable response to Y90 radioembolization of solitary liver mass suspicious for HCC. Continue surveillance with MRI and AFP in 4 months.

Pain: Yes

Pain Assessment

Date: 09/06/2023 09:23
 Location: Multiple Locations
 Quality of Pain: Aching
 Pain Scale: 6
 Intervention: continue medications
 Trauma Date/Year:
 Injury:
 Mechanism: s/p right tibial biopsy (03/27/23)
 Onset: 1-5 Years
 Duration: 12-24 Hours
 Exacerbating Factors: Prolonged standing
 Relieving Factors: Medication
 Reason Not Done:
 Comments:

ROS:

General

Constitutional Symptoms

Yes: Easily Tired, Fatigue, Weakness

No: Anorexia, Fever, Night Sweats

OBJECTIVE:

Inmate Name: MCCLOY, JEREMY WILFORD

Reg #: 18242-081

Date of Birth: 08/24/1971

Sex: M Race: WHITE

Facility: BUH

Encounter Date: 09/27/2023 09:31

Provider: Carden, Andres MD

Unit: S02

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
09/27/2023	08:13 BUX	97.5	36.4	Forehead	Linthicum, Kristin RN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
09/27/2023	08:13 BUX	51	Via Machine		Linthicum, Kristin RN

Respirations:

Date	Time	Rate Per Minute	Provider
09/27/2023	08:13 BUX	16	Linthicum, Kristin RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
09/27/2023	08:13 BUX	122/65				Linthicum, Kristin RN

SaO2:

Date	Time	Value(%)	Air	Provider
09/27/2023	08:13 BUX	96	Room Air	Linthicum, Kristin RN

Height:

Date	Time	Inches	Cm	Provider
09/27/2023	08:13 BUX	71.0	180.3	Linthicum, Kristin RN

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
09/27/2023	08:13 BUX	228.8	103.8		Linthicum, Kristin RN

Exam:**General****Appearance**

Yes: Alert and Oriented x 3, Lethargic

No: Appears Well

Pulmonary**Auscultation**

Yes: Clear to Auscultation

Cardiovascular**Auscultation**

Yes: Regular Rate and Rhythm (RRR)

Abdomen**Palpation**

Yes: Soft

Neurologic**Cranial Nerves (CN)**

Yes: CN 2-12 Intact Grossly

Motor System-Strength

Yes: Normal Muscular Strength

ASSESSMENT:

Inmate Name: MCCLOY, JEREMY WILFORD

Reg #: 18242-081

Date of Birth: 08/24/1971

Sex: M Race: WHITE

Facility: BUH

Encounter Date: 09/27/2023 09:31

Provider: Carden, Andres MD

Unit: S02

Liver cell carcinoma, C220 - Current

PLAN:**New Laboratory Requests:**

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-CBC w/diff	One Time	01/02/2024 00:00	Routine
Lab Tests - Short List-General-Alpha-Fetoprotein, Tumor Marker			
Lab Tests - Short List-General-Comprehensive Metabolic Profile (CMP)			

Discontinued Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
MRI-Abdomen-With and Without Contrast	One Time		09/05/2023	Routine

Specific reason(s) for request (Complaints and findings):

*s/p Y90 radioembolization of solitary liver mass suspicious for HCC---please assess for changes.***New Radiology Request Orders:**

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
MRI-Abdomen-With and Without Contrast	One Time		01/03/2024	Routine

Specific reason(s) for request (Complaints and findings):

*s/p Y90 radioembolization of solitary liver mass suspicious for HCC---please assess for changes.***Schedule:**

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Assessment	02/07/2024 00:00	Oncology DR 03

Disposition:

Discharged to Housing Unit with Convalescence

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
09/27/2023	Counseling	Diagnosis	Carden, Andres	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Carden, Andres MD on 09/27/2023 09:40

Inmate Name: MCCLOY, JEREMY WILFORD

Date of Birth: 08/24/1971

Encounter Date: 06/21/2023 14:27

Sex: M Race: WHITE

Provider: Benford, Andrew OTRL

Reg #: 18242-081

Facility: BUH

Unit: B03

ROM: Full ROM bil hand. No sign/evidence of contracture noted at this time.

Grip strength:

R 65 avg

L 70 avg

Tx today:

-Pt education on diagnosis suggestive of early stage Dupuytren's disease, which is consistent with Northern European ancestry and other similar fibrous connective tissue conditions (Peyronie's disease and plantar fibromatosis). Pt educated that at present, condition simply needs to be monitored for further progression of symptoms. Can consult with ortho if condition worsens for further treatment recommendations in the future. Pt verbalizes understanding.

-Pt education on activity modification in as it relates to diagnosis - avoid positions of passive 5th finger extensions, weightbearing through palm. Suggested alternative positions for push-ups and other exercises. Pt issued size L wheelchair gloves - pt independently dons gloves, notes proper fit and decreased symptom exacerbation with wheelchair propulsion while wearing gloves. MDS sheet updated.

ASSESSMENT:

M/S Impairment Assoc w/ Connect Tissue Dysfunction

Pt demonstrates sign/symptoms suggestive of early Dupuytren's disease (palmar fibromatosis) R 5th digit. Pt educated on diagnosis and activity modification with respect to avoiding positions that put additional stress on palmar cord. Pt also fit for wheelchair gloves to reduce symptom exacerbation with wheelchair propulsion. Pt states that he thinks he will be able to self-manage and monitor the condition for the time being now that he knows what it is. No further skilled OT required at this time.

PLAN:**Other:**

Plan - pt to independently manage/monitor symptoms of early stage Dupuytren's disease R hand.

Follow-up via sick call process as needed. Ortho consult can be considered in the future if there is significant pain and/or functional limitations related to 5th finger contracture development. d/c OT at this time.

Goals x today:

-Pt to participate in OT evaluation. MET

-Pt to demonstrate ability to propel wheelchair with minimal symptom exacerbation R 5th finger while wearing wheelchair gloves. MET

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/21/2023	Counseling	Equip/Device Instructions	Benford, Andrew	Returns Demonstration
		wheelchair gloves		
06/21/2023	Counseling	Diagnosis	Benford, Andrew	Verbalizes Understanding
06/21/2023	Counseling	Plan of Care	Benford, Andrew	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Benford, Andrew OTRL on 06/21/2023 15:08

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: MCCLOY, JEREMY WILFORD	Reg #: 18242-081
Date of Birth: 08/24/1971	Sex: M Race: WHITE Facility: BUT
Encounter Date: 12/04/2023 13:49	Provider: Purdie, Tiffany (MAT) Unit: G03

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Purdie, Tiffany (MAT) FNP-C

Chief Complaint: Other Problem

Subjective: Abdominal pain-patient presents requesting a hernia belt due to abdominal pain from his bulging varicose veins. States he had one before but it got lost when he changed institutions. States when he was wearing the hernia belt it helped significantly with his abdominal pain.

An allergy review was completed with patient for the presence or absence of allergies, sensitivities, and other reactions to drugs, materials, food, and environmental factors.

Pain: Yes

Pain Assessment

Date: 12/04/2023 13:50
 Location: Multiple Locations
 Quality of Pain: Sharp
 Pain Scale: 9
 Intervention: medication
 Trauma Date/Year:
 Injury:
 Mechanism:
 Onset: 1-5 Years
 Duration: 1-5 Years
 Exacerbating Factors: Weight bearing
 Laying down
 Relieving Factors: Medications
 Reason Not Done:
 Comments:

COMPLAINT 2 Provider: Purdie, Tiffany (MAT) FNP-C

Chief Complaint: Other Problem

Subjective: Chronic pain-Patient recently went to the OSH for lethargy and AMS. While there his methadone was d/c as it may be exacerbating his symptoms. Patient understands that he cannot take the methadone any longer and is requesting an adjustment in his oxycodone due to his methadone being discontinued.

Pain: Yes

Pain Assessment

Date: 12/04/2023 13:50
 Location: Multiple Locations
 Quality of Pain: Sharp
 Pain Scale: 9
 Intervention: medication
 Trauma Date/Year:
 Injury:

Inmate Name: MCCLOY, JEREMY WILFORD

Date of Birth: 08/24/1971

Encounter Date: 12/04/2023 13:49

Sex: M Race: WHITE

Provider: Purdie, Tiffany (MAT)

Reg #: 18242-081

Facility: BUT

Unit: G03

Mechanism:

Onset: 1-5 Years

Duration: 1-5 Years

Exacerbating Factors: Weight bearing
Laying down

Relieving Factors: Medications

Reason Not Done:

Comments:

ROS:**Cardiovascular****General**

Yes: Edema

No: Angina

GI**General**

Yes: Abdominal Pain or Colic

Musculoskeletal**General**

Yes: Ankle Pain

OBJECTIVE:**Exam:****General****Affect**

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

Peripheral Vascular**Legs**

Yes: Pitting Edema

No: Calf Tenderness

Abdomen**Inspection**

Yes: Dilated Veins, Obese

ASSESSMENT:Secondary osteoarthritis, unspecified site, M1993 - Current - ***Post traumatic arthritis right ankle. right ankle fusion surgery is pending.***Varicose veins of other specified sites, I868 - Current - ***Located on abdomen*****PLAN:****New Medication Orders:****Rx#** **Medication****Order Date**

Inmate Name: MCCLOY, JEREMY WILFORD

Reg #: 18242-081

Date of Birth: 08/24/1971

Sex: M Race: WHITE

Facility: BUT

Encounter Date: 12/04/2023 13:49

Provider: Purdie, Tiffany (MAT)

Unit: G03

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	oxyCODONE HCl Tablet	12/04/2023 13:49

Prescriber Order: 15mg Orally - Two Times a Day x 30 day(s) Pill Line Only -- Give at lunch and evening pill line. For chronic unrelenting pain. Last pain assessment 12/4/23

Indication: Secondary osteoarthritis, unspecified site, Liver cell carcinoma

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
1926902-BUX	oxyCODONE HCl 5 MG Tab UD	12/04/2023 13:49

Prescriber Order: ***crush/empty*** Take two tablets (10 MG) by mouth three times daily for chronic unrelenting pain *Date of last pain assessment: 11/15/23

Discontinue Type: When Pharmacy Processes

Discontinue Reason: new order written

Indication:

Devices and Equipment Issued:

<u>Device/Equipment</u>	<u>Start Date</u>	<u>Stop Date</u>	<u>Obtained From</u>
Hernia Belt	12/04/2023		BOP
Abdominal girth 48"			
#1 dispensed			

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
12/04/2023	Counseling	Plan of Care	Purdie, Tiffany	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Purdie, Tiffany (MAT) FNP-C on 12/04/2023 13:58

Requested to be cosigned by Sichel, Lawrence (MAT) MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: MCCLOY, JEREMY WILFORD	Reg #: 18242-081
Date of Birth: 08/24/1971	Sex: M Race: WHITE Facility: BUT
Note Date: 11/27/2023 10:14	Provider: Daniel, L. UR RN Unit: G03

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Daniel, L. UR RN
11/26/2023 11:06 AM

Chief Complaint / Interval History: Doing ok this morning. Still encephalopathic but I think improved a bit. He still feels confused. He has had 2 BM since being here and he is taking the lactulose. CT did not give us great imaging, will order US with doppler to rule out clot. His vitals are stable. No other complaints except for abd cramping from the lactulose.

Chart reviewed. Hospital course and patient notes reviewed.

Review of Systems:

Cardiovascular : no chest pain no palpitations

Respiratory : no cough no shortness of breath

Gastrointestinal : no nausea no vomiting

Neurologic: no headache no dizziness

Acute metabolic encephalopathy

Differential includes infection versus hepatic encephalopathy versus medication or polysubstance induced.

Urine drug screen is negative. UA did not show any signs of infection. He has no signs of fever does not report any symptoms. We are waiting on a CT abdomen pelvis however for now we will treat him hepatic encephalopathy given elevated ammonia and reported history. Will continue lactulose dosing and if he does not have a bowel movement or stop taking his lactulose we will use a lactulose enema

Continue lactulose 4 times a day

Lactulose enema if he does not have a bowel movement later today or no longer takes his lactulose

Continue nadolol

- CT abd pelvis without concerns but poor visualization of mass without contrast. US with doppler ordered.

- GI consulted

- stop methadone, this should be held for the patient because it is very long acting. If anything she should continue the oxy taper and just stay off opioids,

- continue minimal oxycodone

- looking for other signs of infection, UA clear, ordering BC, ordering ESR and CRP. He has no clinical signs of PNA. He tells me about his osteo in right ankle, there is no swelling and ill check the inflammatory levels as above. Podiatry saw him in July and said that he has post traumatic arthritis. I don't think that this is a concern for infection.

#History of cirrhosis

#History of hepatitis C

HCC

Patient's labs appear stable and despite having some hepatic encephalopathy otherwise he does not appear decompensated.

Continue to monitor

- trending LFTs

History of esophageal varices

Continue nadolol

Continue Protonix

Hemoglobin appears stable, continue to monitor

History of thrombocytopenia

Platelets appear low around 50,000 so will not give any blood thinners

Inmate Name:	MCCLOY, JEREMY WILFORD	Reg #:	18242-081
Date of Birth:	08/24/1971	Sex:	M Race: WHITE
Note Date:	11/27/2023 10:14	Facility:	BUT
		Unit:	G03
		Provider:	Daniel, L. UR RN

SCDs for DVT prophylaxis

~~Continue to monitor~~

#BPH

Continue tamsulosin

LLE swelling

- LE US no DVT

- no signs of cellulitis

Right ankle pain

- he is currently on an oxy taper at prison, per psych, they were able to get more information about the dosing.

- stop methadone for this patient.

- continue oxy BID and will let the prison continue with their taper when he gets back.

VTE Prophylaxis: SCD

Medically stable : no

EDD:

Code Status: Full Code

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Daniel, L. UR RN on 11/27/2023 10:15

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	MCCLOY, JEREMY WILFORD	Reg #:	18242-081
Date of Birth:	08/24/1971	Sex:	M Race: WHITE
Note Date:	11/27/2023 14:18	Provider:	Sainani, Vivek M.D.
		Facility:	BUT
		Unit:	G03

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Sainani, Vivek M.D.

Called by Lieutenant on this 52 yo male w/ hx of Liver Cirrhosis, Liver Carcinoma, hx of hepatic encephalopathy, who noticed that the patient has been more lethargic. Pt. is taking an increasing time to answer questions and is more tremulous.

Pt. with hx of hepatic encephalopathy and his ammonia level over the past month was as high as 389 and down to 245 but significantly elevated.

Pt. likely has worsening hepatic Encephalopathy. Advised Lieutenant to have him sent to outside hospital as he likely needs inpatient management for his encephalopathy.

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Emergency Room	11/27/2023	11/27/2023	Emergent	No	

Subtype:

Emergency Room

Reason for Request:

Pt. with hx of hepatic Encephalopathy, chronic liver disease and now altered with elevated Ammonia level. Needs further work up and treatment of Hepatic Encephalopathy.

Sent to DRH-ER for further eval.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Sainani, Vivek M.D. on 11/27/2023 14:20

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	MCCLOY, JEREMY WILFORD	Reg #:	18242-081
Date of Birth:	08/24/1971	Sex:	M Race: WHITE
Note Date:	11/24/2023 21:54	Provider:	Sainani, Vivek M.D.
		Facility:	BUT
		Unit:	G03

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Sainani, Vivek M.D.

Called by Lieutenant on this 52 yo male w/ hx of Liver Cirrhosis, Liver Carcinoma, hx of hepatic encephalopathy, who noticed that the patient has been more lethargic. Pt. is taking an increasing time to answer questions and is more tremulous.

Pt. with hx of hepatic encephalopathy and his ammonia level over the past month was as high as 389 and down to 245 but significantly elevated.

Pt. likely has worsening hepatic Encephalopathy. Advised Lieutenant to have him sent to outside hospital as he likely needs inpatient management for his encephalopathy.

Disposition:

Transfer to Local Hospital

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Sainani, Vivek M.D. on 11/24/2023 22:01

Requested to be reviewed by Purdie, Tiffany (MAT) FNP-C.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	MCCLOY, JEREMY WILFORD	Reg #:	18242-081
Date of Birth:	08/24/1971	Sex:	M
Encounter Date:	11/24/2023 21:54	Provider:	Sainani, Vivek M.D.
		Race:	WHITE
		Facility:	BUT

Reviewed by Purdie, Tiffany (MAT) FNP-C on 11/27/2023 06:14.

See Amendment

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	MCCLOY, JEREMY WILFORD	Reg #:	18242-081
Date of Birth:	08/24/1971	Sex:	M Race: WHITE
Note Date:	11/24/2023 08:03	Facility:	BUT
		Provider:	Purdie, Tiffany (MAT)
		Unit:	G03

Review Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Purdie, Tiffany (MAT) FNP-C

Sick call note reviewed. Patient has no history of hernias. He has chronic abdominal pain from esophageal varices and bulging veins on his abdomen. Will place on scheduler to assess for any red flag symptoms.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Purdie, Tiffany (MAT) FNP-C on 11/24/2023 08:16

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: MCCLOY, JEREMY WILFORD		Reg #: 18242-081
Date of Birth: 08/24/1971	Sex: M Race: WHITE	Facility: BUT
Encounter Date: 11/15/2023 09:25	Provider: Iregbu, Epiphanis (MAT)	Unit: G03

Pharmacy Note - Comprehensive Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Iregbu, Epiphanis (MAT) PharmD

Chief Complaint: Pain

Subjective: Chronic Pain Management Clinic: f/u visit

PMH: DM 2, diabetic neuropathy, HL, HTN, Anxiety disorder, Epilepsy/Seizure Disorder, Postamputation pain and neuropathy, Chronic viral hep C, Liver cell carcinoma, Thrombocytopenia, Osteoarthritis
Social Hx: drug use at around 18-25 yrs old
ALL: NKDA

CC: "My pain is getting worse, still waiting for surgery"

Pain is located: R lower leg/ankle (s/p construction accident)

Pain in the affected feels like: sharp/ache

Problems with urination: NO

Problems with B/M: NO

I/M observed coming in and out of the clinic on wheelchair. I/M NAD during interview. I/M complained about worsening shooting pain and rated his pain between 6-7/10 on pain scale.

Pain: Yes

Pain Assessment

Date: 11/15/2023 09:37

Location: Multiple Locations

Quality of Pain: Shooting

Pain Scale: 7

Intervention: meds

Trauma Date/Year:

Injury:

Mechanism:

Onset: 5+ Years

Duration: 12-24 Hours

Exacerbating Factors: prolong standing, walking, and sitting.

Relieving Factors: nothing, oxy helps

Reason Not Done:

Comments:

COMPLAINT 2 Provider: Iregbu, Epiphanis (MAT) PharmD

Chief Complaint: Trauma/Injury

Subjective: I/M is 52 y/o with hx of Post traumatic arthritis right ankle. Right ankle fusion surgery is pending.

Pain: Not Applicable

Inmate Name: MCCLOY, JEREMY WILFORD

Reg #: 18242-081

Date of Birth: 08/24/1971

Sex: M Race: WHITE

Facility: BUT

Encounter Date: 11/15/2023 09:25

Provider: Iregbu, Epiphanis (MAT)

Unit: G03

OBJECTIVE:**Exam:****Diagnostics****Laboratory**

Yes: Results

Radiology

Yes: Results

EXAM Comments

Labs: 10/16/2023

BUN/SCR - 11/0.81

AST/ALT/ALKPHOS - 77/52/126

Sodium - 142

Calcium - 9.0

Imaging: 4/17/23 - X-Ray of right foot

impression:

1. chronic healed fracture deformity of the distal tibia, chronic post traumatic deformity & degeneration of the ankle joint

ASSESSMENT:

Addition/Deletion of Recommended Medication(s)

Pain Level: 7/10 (7)

Physical Activities: stretches, yoga (1)

Additional pain meds: none (0)

Additional sick call visits: x 1 (1)

Sleep: 4 hrs/night, wake up x2-3/every night due to pain (2)

Mood: fair (2)

Side effects to current pain meds: None

SPAASMS score: 13/28

Current pain meds: ibuprofen 800 mg tid, oxyCODONE 10 mg tid pp

Recommendations:

1. try methadone 5 mg bid fcup (will reevaluate benefit vs risk of opioids)
2. add pregabalin 100 mg bid x 5 days then 150 mg bid x 5 days then 200 mg bid
3. taper off oxycodone 5 mg tid x 3 days then 5 mg bid x 3 days then 5 mg qd x 3 days then stop
4. encouraged to engage more in physical activities
5. f/u per scheduler

PLAN:**New Medication Orders:**

Rx# **Medication**
 Pregabalin Capsule

Order Date
 11/15/2023 09:25

Inmate Name: MCCLOY, JEREMY WILFORD

Reg #: 18242-081

Date of Birth: 08/24/1971

Sex: M Race: WHITE

Facility: BUT

Encounter Date: 11/15/2023 09:25

Provider: Iregbu, Epiphanis (MAT)

Unit: G03

New Medication Orders:

Rx#	Medication	Order Date
	<u>Prescriber Order:</u> Orally(1) 100 mg - Two Times a Day x 5 day(s) Pill Line Only -- fcup noon & evening pl *** (2) 150 mg - Two Times a Day x 5 day(s) Pill Line Only -- noon & evening fcup Indication: Secondary osteoarthritis, unspecified site, Low back pain Non-Formulary was created for this drug	
	Pregabalin Capsule	11/15/2023 09:25
	<u>Prescriber Order:</u> 200 mg Orally - Two Times a Day x 30 day(s) Pill Line Only -- at noon & evening pl fcup - start after completion of 150 mg Indication: Secondary osteoarthritis, unspecified site, Low back pain Non-Formulary was created for this drug	
	oxyCODONE HCl Tablet	11/15/2023 09:25
	<u>Prescriber Order:</u> Orally(1) 5 mg - three times a day x 3 day(s) Pill Line Only -- fcup then *** (2) 5 mg - Two Times a Day x 3 day(s) Pill Line Only -- fcup then *** (3) 5 mg - daily x 3 day(s) Pill Line Only -- fcup then stop Indication: Secondary osteoarthritis, unspecified site	
	Methadone Tablet	11/15/2023 09:25
	<u>Prescriber Order:</u> 5 mg Orally - Two Times a Day x 30 day(s) Pill Line Only -- at noon & evening pl - f chronic unremitting pain Indication: Secondary osteoarthritis, unspecified site, Contracture, unspecified joint	

Renew Medication Orders:

Rx#	Medication	Order Date
1919392-BUX	Ibuprofen 800 MG Tab	11/15/2023 09:25
	<u>Prescriber Order:</u> Take one tablet (800 MG) by mouth three times a day with food as needed for pain "Chronic Care Verified" PRN x 180 day(s) Indication: Secondary osteoarthritis, unspecified site, Low back pain, Other low back pain	
1908813-BUX	Omeprazole 20 MG Cap	11/15/2023 09:25
	<u>Prescriber Order:</u> Take one capsule (20 MG) by mouth every day on empty stomach at least 30 minutes before a meal x 180 day(s) Indication: Esophageal varices without bleeding	

Discontinued Medication Orders:

Rx#	Medication	Order Date
1915997-BUX	oxyCODONE HCl 5 MG Tab UD	11/15/2023 09:25
	<u>Prescriber Order:</u> ***crush/empty*** Take two tablets (10 MG) by mouth three times daily AS NEEDED for chronic unrelenting pain *Date of last pain assessment: 9/19/23 Discontinue Type: When Pharmacy Processes Discontinue Reason: Order changed Indication:	

Disposition:

Will Be Placed on Callout

Patient Education Topics:

Inmate Name: MCCLOY, JEREMY WILFORD

Reg #: 18242-081

Date of Birth: 08/24/1971

Sex: M Race: WHITE

Facility: BUT

Encounter Date: 11/15/2023 09:25

Provider: Iregbu, Epiphanis (MAT)

Unit: G03

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
11/15/2023	Counseling	Plan of Care	Iregbu, Epiphanis	Verbalizes Understanding

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** Yes **By:** Sichel, Lawrence (MAT) MD**Telephone or Verbal order read back and verified.**

Completed by Iregbu, Epiphanis (MAT) PharmD on 11/15/2023 12:13

Requested to be cosigned by Sichel, Lawrence (MAT) MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: MCCLOY, JEREMY WILFORD	Reg #: 18242-081	
Date of Birth: 08/24/1971	Sex: M Race: WHITE	Facility: BUT
Note Date: 11/29/2023 11:47	Provider: Sichel, Lawrence (MAT)	Unit: G03

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Sichel, Lawrence (MAT) MD

Methadone stopped during recent hospitalization because of concerns this could be aggravating encephalopathy. Inmate reporting to staff today that lower dose of Oxycodone not controlling pain. Will resume higher dose he was on previously.

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	oxyCODONE HCl Tablet	11/29/2023 11:47
	<u>Prescriber Order:</u> 10 mg Orally - three times a day x 30 day(s) Pill Line Only -- For chronic unremitting pain assessed 11/15/23	
	Indication: Secondary osteoarthritis, unspecified site, Liver cell carcinoma	

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
1926337- BUX	Omeprazole 20 MG Cap	11/29/2023 11:47
	<u>Prescriber Order:</u> Take one capsule (20 MG) by mouth every day on empty stomach at least 30 minutes before a meal x 180 day(s)	
	Indication: Esophageal varices without bleeding, Long term (current) use of non-steroidal non-inflam (NSAID)	

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
1926338- BUX	oxyCODONE HCl 5 MG Tab UD	11/29/2023 11:47
	<u>Prescriber Order:</u> ***crush/empty*** Take one tablet (5 MG) by mouth twice daily as needed for pain	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: Order changed	
	Indication:	

Copay Required: No Cosign Required: No

Telephone/Verbal Order: No

Completed by Sichel, Lawrence (MAT) MD on 11/29/2023 11:53

Requested to be reviewed by Iregbu, Epiphanis (MAT) PharmD.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: MCCLOY, JEREMY WILFORD		Reg #: 18242-081
Date of Birth: 08/24/1971	Sex: M Race: WHITE	Facility: BUT
Encounter Date: 11/27/2023 17:36	Provider: Darwish, Amir MD	Unit: G03

Physician - Medical Trip Return encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Darwish, Amir MD

Chief Complaint: GENERAL

Subjective: 52-year-old inmate with history of liver cirrhosis, liver Ca, encephalopathy and esophageal varices. He was admitted to DRH with worsening encephalopathy. He is returning now after adjusting his medications. he has no complaints.

An allergy review was completed with patient for the presence or absence of allergies, sensitivities, and other reactions to drugs, materials, food, and environmental factors.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
11/27/2023	17:19 BUX	97.9	36.6		Rivera, B. RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
11/27/2023	17:19 BUX	71			Rivera, B. RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
11/27/2023	17:19 BUX	17	Rivera, B. RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
11/27/2023	17:19 BUX	154/81				Rivera, B. RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
11/27/2023	17:19 BUX	97		Rivera, B. RN

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

ROS Comments

ROS: denies any fever, no chills, no headache or dizziness, no cough or chest pain, no shortness of breath, no abdominal pain, nausea or vomiting, no urinary symptoms, no focal weakness.

Exam Comments

HEENT: Normocephalic, atraumatic, no icterus. Moist mucous membranes.

CV: Normal S1 and S2, no murmur.

Inmate Name: MCCLOY, JEREMY WILFORD

Reg #: 18242-081

Date of Birth: 08/24/1971

Sex: M Race: WHITE

Facility: BUT

Encounter Date: 11/27/2023 17:36

Provider: Darwish, Amir MD

Unit: G03

Chest: Good air entry. Clear, no rales or wheezing.

Abdomen: Soft, no tenderness, no organomegaly.

Ext: No edema, no clubbing.

Neuro: Alert, oriented X 3. CN II-XII are intact. No focal motor deficit.

ASSESSMENT:

Encephalopathy, G9340 - Current

Unspecified cirrhosis of liver, K7460 - Current

PLAN:**Medication Reconciliation.****The patient's known medication list including OTC items was compiled and compared to new and changed BOP orders.****New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Zinc Sulfate Capsule	11/27/2023 17:36
	<u>Prescriber Order:</u> 220 mg Orally - daily x 10 day(s)	
	Indication: Thrombocytopenia, unspecified, Liver cell carcinoma	
	Non-Formulary was created for this drug	
	Lactulose Soln 10 GM/15 ML (Enulose)	11/27/2023 17:36
	<u>Prescriber Order:</u> 30 ml Orally - daily x 10 day(s)	
	Indication: Encephalopathy, Liver cell carcinoma	
	oxyCODONE HCl Tablet	11/27/2023 17:36
	<u>Prescriber Order:</u> 5 mg Orally - Two Times a Day PRN x 3 day(s) Pill Line Only	
	Indication: Liver cell carcinoma	

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
1908811-BUX	Nadolol 20 MG Tab	11/27/2023 17:36
	<u>Prescriber Order:</u> Take one-half tablet (10 MG) by mouth every night at bedtime for liver x 10 day(s)	
	Indication: Thrombocytopenia, unspecified	
1924067-BUX	Omeprazole 20 MG Cap	11/27/2023 17:36
	<u>Prescriber Order:</u> Take one capsule (20 MG) by mouth every day on empty stomach at least 30 minutes before a meal x 10 day(s)	
	Indication: Esophageal varices without bleeding	
1924147-BUX	Pregabalin 200 MG Cap	11/27/2023 17:36
	<u>Prescriber Order:</u> *Float in Water* Take one capsule (200 MG) by mouth twice daily at noon and evening for chronic unrelenting pain *Date of last pain assessment: 11/15/23 x 10 day(s) Pill Line Only	
	Indication: Secondary osteoarthritis, unspecified site, Low back pain	
1915980-BUX	RifaXIMIN 550 MG TAB	11/27/2023 17:36
	<u>Prescriber Order:</u> Take one tablet (550 MG) by mouth two times a day x 10 day(s)	
	Indication: Encephalopathy	

Inmate Name: MCCLOY, JEREMY WILFORD

Reg #: 18242-081

Date of Birth: 08/24/1971

Sex: M Race: WHITE

Facility: BUT

Encounter Date: 11/27/2023 17:36

Provider: Darwish, Amir MD

Unit: G03

Renew Medication Orders:

Rx#	Medication	Order Date
1908817-BUX	Tamsulosin HCl 0.4 MG Cap	11/27/2023 17:36

Prescriber Order: Take one capsule (0.4 MG) by mouth at bedtime 30 minutes after same meal for nocturia x 10 day(s)

Indication: Nocturia

Discontinued Medication Orders:

Rx#	Medication	Order Date
1924063-BUX	Ibuprofen 800 MG Tab	11/27/2023 17:36

Prescriber Order: Take one tablet (800 MG) by mouth three times a day with food as needed for pain "Chronic Care Verified"

Discontinue Type: When Pharmacy Processes

Discontinue Reason: *discontinue*

Indication:

1924064-BUX	Methadone 5 MG Tab UD	11/27/2023 17:36
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Prescriber Order: ***crush/empty*** Take one tablet (5 MG) by mouth twice daily for chronic unrelenting pain *Date of last pain assessment: 11/17/23 ***pill line***

Discontinue Type: When Pharmacy Processes

Discontinue Reason: *discontinue*

Indication:

1915316-BUX	Lactulose (473 ML) 10 GM/15 ML Soln	11/27/2023 17:36
-------------	-------------------------------------	------------------

Prescriber Order: take 45 mL by mouth three times daily *FOR LIVER*

Discontinue Type: When Pharmacy Processes

Discontinue Reason: *new order written*

Indication:

Reconciled Medications:

Source	Action	Type	Rx#	Medication	Order Detail
BOP	Discontinue	Rx	1924063-BUX	Ibuprofen 800 MG Tab	Take one tablet (800 MG) by mouth three times a day with food as needed for pain "Chronic Care Verified"
				Discontinue Reason: <i>discontinue</i>	
BOP	Discontinue	Rx	1915316-BUX	Lactulose (473 ML) 10 GM/15 ML Soln	take 45 mL by mouth three times daily *FOR LIVER*
				Discontinue Reason: <i>new order written</i>	
BOP	Discontinue	Rx	1924064-BUX	Methadone 5 MG Tab UD	***crush/empty*** Take one tablet (5 MG) by mouth twice daily for chronic unrelenting pain *Date of last pain assessment: 11/17/23 ***pill line***
				Discontinue Reason: <i>discontinue</i>	

Inmate Name: MCCLOY, JEREMY WILFORD

Reg #: 18242-081

Date of Birth: 08/24/1971

Sex: M Race: WHITE

Facility: BUT

Encounter Date: 11/27/2023 17:36

Provider: Darwish, Amir MD

Unit: G03

<u>Source</u>	<u>Action</u>	<u>Type</u>	<u>Rx#</u>	<u>Medication</u>	<u>Order Detail</u>
BOP	Continue	Rx	1908811-BUX	Nadolol 20 MG Tab	Take one-half tablet (10 MG) by mouth every night at bedtime for liver
BOP	Continue	Rx	1924067-BUX	Omeprazole 20 MG Cap	Take one capsule (20 MG) by mouth every day on empty stomach at least 30 minutes before a meal
BOP	Continue	Rx	1924147-BUX	Pregabalin 200 MG Cap	*Float in Water* Take one capsule (200 MG) by mouth twice daily at noon and evening for chronic unrelenting pain *Date of last pain assessment: 11/15/23
BOP	Continue	Rx	1915980-BUX	RifaXIMIN 550 MG TAB	Take one tablet (550 MG) by mouth two times a day
BOP	Continue	Rx	1908817-BUX	Tamsulosin HCl 0.4 MG Cap	Take one capsule (0.4 MG) by mouth at bedtime 30 minutes after same meal for nocturia
		OTC		No known OTCs	

New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Temperature	One Time		check temp on day one (11/27/2023).	Darwish, Amir MD
	Order Date:	11/27/2023		
Nursing Intervention	One Time		Covid symptom screen on day one (11/27/2023).	Darwish, Amir MD
	Order Date:	11/27/2023		
Nursing Intervention	One Time		POC for Covid-19 on day one (11/27/2023). (Done and was negative).	Darwish, Amir MD
	Order Date:	11/27/2023		

Disposition:

Follow-up in 12-24 Hours

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
11/27/2023	Counseling	Access to Care	Darwish, Amir	Verbalizes Understanding

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Darwish, Amir MD on 11/27/2023 17:54

Requested to be reviewed by Sichel, Lawrence (MAT) MD.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	MCCLOY, JEREMY WILFORD	Reg #:	18242-081
Date of Birth:	08/24/1971	Sex:	M Race: WHITE
Note Date:	11/24/2023 21:54	Provider:	Sainani, Vivek M.D.
		Facility:	BUT
		Unit:	G03

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Sainani, Vivek M.D.

Called by Lieutenant on this 52 yo male w/ hx of Liver Cirrhosis, Liver Carcinoma, hx of hepatic encephalopathy, who noticed that the patient has been more lethargic. Pt. is taking an increasing time to answer questions and is more tremulous.

Pt. with hx of hepatic encephalopathy and his ammonia level over the past month was as high as 389 and down to 245 but significantly elevated.

Pt. likely has worsening hepatic Encephalopathy. Advised Lieutenant to have him sent to outside hospital as he likely needs inpatient management for his encephalopathy.

Disposition:

Transfer to Local Hospital

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Sainani, Vivek M.D. on 11/24/2023 22:01

Requested to be reviewed by Purdie, Tiffany (MAT) FNP-C.

Review documentation will be displayed on the following page.

See Amendment

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	MCCLOY, JEREMY WILFORD	Reg #:	18242-081
Date of Birth:	08/24/1971	Sex:	M Race: WHITE
Note Date:	10/24/2023 12:02	Facility:	BUT
		Provider:	Iregbu, Epiphanis (MAT)
		Unit:	G03

Pharmacy Note - Pain Management - Follow-up encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Iregbu, Epiphanis (MAT) PharmD

I/M enrolled in pmc pending call outs

Referral comment:

Patient with chronic right ankle pain due to osteoarthritis and chronic osteomyelitis. Surgery is pending. On high dose oxycodone and continue to c/o pain.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Iregbu, Epiphanis (MAT) PharmD on 10/24/2023 12:07

Requested to be reviewed by Purdie, Tiffany (MAT) FNP-C.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: MCCLOY, JEREMY WILFORD	Reg #: 18242-081
Date of Birth: 08/24/1971	Sex: M Race: WHITE Facility: BUT
Encounter Date: 10/18/2023 08:50	Provider: Purdie, Tiffany (MAT) Unit: G03

Mid Level Provider - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Purdie, Tiffany (MAT) FNP-C

Chief Complaint: Other Problem

Subjective: Patient brought into discuss the follow up plan for his right leg. Patient is eager to have his surgery done. He had a consult with Duke orthopedics on 09/26/2023. Currently his surgery is on hold pending further evaluation due to his complex medical history. Patient is requesting an increase in his pain medication or to be referred back to pain management.

An allergy review was completed with patient for the presence or absence of allergies, sensitivities, and other reactions to drugs, materials, food, and environmental factors.

Pain: Yes

Pain Assessment

Date: 10/18/2023 08:50
 Location: Leg-Lower Right Front
 Quality of Pain: Aching
 Pain Scale: 7
 Intervention: surgery
 Trauma Date/Year:
 Injury:
 Mechanism:
 Onset: 5+ Years
 Duration: 5+ Years
 Exacerbating Factors: Walking on the leg
 Relieving Factors: Rest, medications
 Reason Not Done:
 Comments:

COMPLAINT 2 Provider: Purdie, Tiffany (MAT) FNP-C

Chief Complaint: Other Problem

Subjective: Hepatic encephalopathy-patient reports compliance with his lactulose taking it q8hrs but only has 1 bowel movement a day. Reports he as 2 episodes a week of decreased concentration and vision changes (flashes) that are short in duration but he endorses constant fatigue.

Pain: Not Applicable

ROS:

General

Constitutional Symptoms

Yes: Fatigue

Musculoskeletal

General

Inmate Name: MCCLOY, JEREMY WILFORD	Reg #: 18242-081
Date of Birth: 08/24/1971	Sex: M Race: WHITE Facility: BUT
Encounter Date: 10/18/2023 08:50	Provider: Purdie, Tiffany (MAT) Unit: G03

Yes: Ankle Pain

OBJECTIVE:**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
10/18/2023	09:07 BUX	50	Via Machine	Regular	Purdie, Tiffany (MAT) FNP-C

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
10/18/2023	09:07 BUX	16	Purdie, Tiffany (MAT) FNP-C

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
10/18/2023	09:07 BUX	112/48	Left Arm	Sitting		Purdie, Tiffany (MAT) FNP-C

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
10/18/2023	09:07 BUX	97	Room Air	Purdie, Tiffany (MAT) FNP-C

Exam:**General****Appearance**

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

Pulmonary**Auscultation**

Yes: Clear to Auscultation

Cardiovascular**Auscultation**

Yes: Regular Rate and Rhythm (RRR)

Neurologic**Cranial Nerves (CN)**

Yes: CN 2-12 Intact Grossly

Exam Comments

Has a pusher and self propels in a wheelchair. Able to walk short distances but with a limp due to right ankle pain.

ASSESSMENT:

Encephalopathy, G9340 - Current

Secondary osteoarthritis, unspecified site, M1993 - Current - ***Post traumatic arthritis right ankle. right ankle fusion surgery is pending.*****PLAN:****New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Lactulose Soln 10 GM/15 ML	10/18/2023 08:50

Prescriber Order: 45ml Orally - three times a day x 180 day(s)

Indication: Unspecified cirrhosis of liver

Inmate Name: MCCLOY, JEREMY WILFORD

Date of Birth: 08/24/1971

Sex: M Race: WHITE

Reg #: 18242-081

Encounter Date: 10/18/2023 08:50

Provider: Purdie, Tiffany (MAT)

Facility: BUT

Unit: G03

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	RifaXIMIN Tablet	10/18/2023 08:50
	<u>Prescriber Order:</u> 550mg Orally - Two Times a Day x 180 day(s)	
	Indication: Encephalopathy	
	Non-Formulary was created for this drug	

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
1910884-BUX	Lactulose (473 ML) 10 GM/15 ML Soln	10/18/2023 08:50
	<u>Prescriber Order:</u> take 30 mls by mouth every eight hours **for liver**	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: new order written	
	Indication:	

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-A-Ammonia, plasma	One Time	11/09/2023 00:00	Routine
Labs requested to be reviewed by:	Sichel, Lawrence (MAT) MD		

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Pharmacist	10/18/2023	10/18/2023	Routine	No	
Subtype:					
Pain Management Clinic					
Reason for Request:					
Patient with chronic right ankle pain due to osteoarthritis and chronic osteomyelitis. Surgery is pending. On high dose oxycodone and continue to c/o pain.					

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
10/18/2023	Counseling	Plan of Care	Purdie, Tiffany	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Purdie, Tiffany (MAT) FNP-C on 10/18/2023 10:20

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: MCCLOY, JEREMY WILFORD		Reg #: 18242-081
Date of Birth: 08/24/1971	Sex: M Race: WHITE	Facility: BUT
Note Date: 09/21/2023 08:36	Provider: Daniel, L. UR RN	Unit: G03

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Daniel, L. UR RN
9/20/2023 12:13 PM

Hospitalist Daily Progress Note

ASSESSMENT /PLAN

SUBJECTIVE

JeremyOPUS McCloy is a 52 y.o. male admitted initially on 9/19/2023 with principal problem of confusion, hx cirrhosis w hep C and HCC. Pt in bed said R ankle hurts, normally takes oxycodone 3 times a day as needed, had 1 BM.

Assessment & Plan

Hepatic Encephalopathy

Cirrhosis

Hepatocellular Carcinoma

Patient has a history of taking lactulose daily for his cirrhosis but states that he has had decreased Bms over the last few days. In the ED his Ammonia was 116. He had been taking 15gm of lactulose daily. This likely needs to be increased. He has no signs of fever, chills, elevated WBC or tachycardia. Low suspicion for SBP -will check u/s to assess for ascites. On exam it appears to be mild in nature

-Cont lactulose 30gm BID until patient has 3-4 Bms and then will back off. Patient has had one BM in the ED.

-cont tele

- started Rifaximin while In the hospital.

-IVF will be continued

-holding sedating medications

-recheck labs in the AM

-fall precautions

-aspiration precautions

#H/o Esophageal Varices

Stable. No signs of bleeding.

-Cont nadolol

-cont Protonix

#Thrombocytopenia

-stable

-cont to monitor

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Daniel, L. UR RN on 09/21/2023 08:42

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	MCCLOY, JEREMY WILFORD	Reg #:	18242-081
Date of Birth:	08/24/1971	Sex:	M Race: WHITE
Note Date:	09/20/2023 09:06	Provider:	Daniel, L. UR RN
		Facility:	BUT
		Unit:	G03

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Daniel, L. UR RN

ED 9/19/2023

DRH EMERGENCY DEPARTMENT

ED Provider Note
History

Chief Complaint
Patient presents with

Altered Mental Status

History of Present Illness

JeremyOPUS McCloy is a 52 y.o. male presents from FMC Butner for altered mental status noticed today. He has a history of cirrhosis with prior episodes of metabolic encephalopathy. He is unable to give any significant history at this time. Does report that he feels woozy. Oriented to name only.

6:17 PM

Mr McCloy presents for decreased/worsening of mental status noticed this morning. He has a history of cirrhosis and hepatocellular carcinoma. Today his ammonia level is elevated to 116. I suspect that hepatic encephalopathy is the cause of his symptoms. He is receiving lactulose. White blood cell count and platelet count are both low, likely a result of his liver disease. He will require admission.

ED Clinical Impression

1. Hepatic encephalopathy (CMS-HCC)
2. Altered mental status, unspecified altered mental status type

ED Disposition
Admit

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Daniel, L. UR RN on 09/20/2023 09:09

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: MCCLOY, JEREMY WILFORD	Reg #: 18242-081
Date of Birth: 08/24/1971	Sex: M Race: WHITE Facility: BUT
Encounter Date: 08/15/2023 09:19	Provider: Bart-Plange, Albert APRN, Unit: G03

Mid Level Provider - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Bart-Plange, Albert APRN, FNP-C

Chief Complaint: Fever

Subjective: Presents at sick call with fever 102.5 degrees (oral). Hx right ankle cellulitis (2021), osteomyelitis. Uses wheel chair due to chronic right ankle pain. Gradual onset fever since last night. 'Couldn't sleep', 'rolling around in bed', 'I feel blahh' (no word to describe). Associated with sweating, warm, headache 5/10, body aches, decreased appetite, stomach upset, right ankle tenderness (always tender but slightly worse than usual 7/10, worse with walking). Denies pain with urination, open wounds, right ankle redness, swelling, drainage. No nausea, vomiting, diarrhea, chest pain, dizziness, confusion or shortness of breath. In agreement to treat cellulitis right ankle.

An allergy review was completed with patient for the presence or absence of allergies, sensitivities, and other reactions to drugs, materials, food, and environmental factors.

Pain: Yes

Pain Assessment

Date: 08/15/2023 09:35
 Location: Multiple Locations
 Quality of Pain: Tender
 Pain Scale: 7
 Intervention: plan of care
 Trauma Date/Year:
 Injury:
 Mechanism: s/p right tibial biopsy (03/27/23)
 Onset: 12-24 hours
 Duration: 12-24 Hours
 Exacerbating Factors: walking
 Relieving Factors: nothing
 Reason Not Done:
 Comments: RLE, HA

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
08/15/2023	09:38 BUX	102.5	39.2	Oral	Bart-Plange, Albert APRN, FNP-C

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
08/15/2023	09:38 BUX	55			Bart-Plange, Albert APRN, FNP-

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
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Inmate Name: MCCLOY, JEREMY WILFORD Reg #: 18242-081
 Date of Birth: 08/24/1971 Sex: M Race: WHITE Facility: BUT
 Encounter Date: 08/15/2023 09:19 Provider: Bart-Plange, Albert APRN, Unit: G03

Date	Time	Rate Per Minute	Provider
08/15/2023	09:38 BUX	12	Bart-Plange, Albert APRN, FNP-C

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
08/15/2023	09:38 BUX	119/58				Bart-Plange, Albert APRN,

SaO2:

Date	Time	Value(%)	Air	Provider
08/15/2023	09:38 BUX	97		Bart-Plange, Albert APRN, FNP-C

Exam:**General****Appearance**

Yes: Alert and Oriented x 3

Pulmonary**Auscultation**

Yes: Clear to Auscultation

Cardiovascular**Auscultation**

Yes: Regular Rate and Rhythm (RRR)

ROS Comments

States he is worried 'this fever may affect pending surgery' of right ankle.

Exam Comments

GENERAL: appears a bit anxious

RLE: ankle -intact skin with old scar present. Tenderness over medial ankle, warmth. No erythema. Decreased dorsiflexion, plantarflexion (unchanged from baseline). Pulses 2+ DP, PT.

LLE: unremarkable

ASSESSMENT:

Fever, unspecified, R509 - Current

PLAN:**New Medication Orders:**

Rx#	Medication	Order Date
	cefTRIAxone Inj	08/15/2023 09:19
Prescriber Order: 1 g Intramuscularly Gluteal, Left One Time Dose Given PRN x 0 day(s) Pill Line Only		
Indication: Fever, unspecified, Cellulitis, unspecified		
Start Now: Yes		
Night Stock Rx#:		
Source: Night Stock		
Admin Method: Pill Line		
Stop Date: 08/15/2023 09:46		
MAR Label: 1 g Intramuscularly Gluteal, Left One Time Dose Given PRN x 0 day(s) Pill Line Only		
One Time Dose Given: Given Now		

Inmate Name: MCCLOY, JEREMY WILFORD	Reg #: 18242-081
Date of Birth: 08/24/1971	Sex: M Race: WHITE Facility: BUT
Encounter Date: 08/15/2023 09:19	Provider: Bart-Plange, Albert APRN, Unit: G03

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Sulfamethoxazole/Trimeth DS 800-160 Mg Tablet	08/15/2023 09:19

Prescriber Order: 800-160 mg Orally - Two Times a Day x 10 day(s)

Indication: Fever, unspecified, Cellulitis, unspecified

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Follow-up f/u cellulitis, fever	08/15/2023 00:00	MLP 03

Disposition:

Follow-up at Sick Call as Needed
Follow-up at Chronic Care Clinic as Needed

Other:

Labs pending
Take medication as prescribed
Administered 1 g ceftriaxone, IM Left gluteal - well tolerated.
--Lot 2005E1, exp date: 9/2024
f/u tomorrow with assigned APP

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/15/2023	Counseling	Plan of Care	Bart-Plange, Albert	Verbalizes Understanding

Copay Required: Yes**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Bart-Plange, Albert APRN, FNP-C on 08/15/2023 09:55

Requested to be cosigned by Purdie, Tiffany FNP-C.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: MCCLOY, JEREMY WILFORD	Reg #: 18242-081
Date of Birth: 08/24/1971	Sex: M Race: WHITE
Encounter Date: 07/26/2023 09:08	Facility: BUT
Provider: Purdie, Tiffany FNP-C	Unit: G03

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Purdie, Tiffany FNP-C

Chief Complaint: Other Problem

Subjective: Hearing loss-patient inquiring about his hearing aides that he states was ordered "years ago". This author informed him that the request for hearing aides was denied due to hearing loss not being significant. Patient states his hearing loss has worsened, it's hard for him to understand normal volume conversations, left ear is worse than the right ear, he is requesting a repeat hearing test.

An allergy review was completed with patient for the presence or absence of allergies, sensitivities, and other reactions to drugs, materials, food, and environmental factors.

Pain: No

COMPLAINT 2 Provider: Purdie, Tiffany FNP-C

Chief Complaint: Pain

Subjective: Continues to have right ankle pain, he has a pending orthopedic consult for surgery. States pain is accompanied by edema that is worse if he can't elevate his leg. He is requesting a pillow wedge to elevate his ankle when resting. Also requesting a medical mattress for his low back pain that he's had for about 2 years, states that his current mattress aggravates his back causing stiffness and pain. Denies radiculopathy. Informed patient that his low back condition does not qualify him for a medical mattress, patient instead requesting ibuprofen stating that's the only other thing that helps.

An allergy review was completed with patient for the presence or absence of allergies, sensitivities, and other reactions to drugs, materials, food, and environmental factors.

Pain: Yes

Pain Assessment

Date:	07/26/2023 09:17
Location:	Multiple Locations
Quality of Pain:	Aching
Pain Scale:	7
Intervention:	medications
Trauma Date/Year:	
Injury:	
Mechanism:	s/p right tibial biopsy (03/27/23)
Onset:	1-5 Years
Duration:	1-5 Years
Exacerbating Factors:	Weight bearing
Relieving Factors:	Medications
Reason Not Done:	
Comments:	

Inmate Name: MCCLOY, JEREMY WILFORD
 Date of Birth: 08/24/1971
 Encounter Date: 07/26/2023 09:08

Sex: M Race: WHITE
 Provider: Purdie, Tiffany FNP-C

Reg #: 18242-081
 Facility: BUT
 Unit: G03

ROS:**HEENT****Ears**

Yes: Decreased Hearing

Musculoskeletal**General**

Yes: Ankle Pain, Low Back Pain

OBJECTIVE:**Temperature:**

Date	Time	Fahrenheit	Celsius	Location	Provider
07/26/2023	09:10 BUX	98.1	36.7	Forehead	Purdie, Tiffany FNP-C

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/26/2023	09:10 BUX	50	Via Machine	Regular	Purdie, Tiffany FNP-C

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/26/2023	09:10 BUX	127/72	Left Arm	Sitting		Purdie, Tiffany FNP-C

SaO2:

Date	Time	Value(%)	Air	Provider
07/26/2023	09:10 BUX	98	Room Air	Purdie, Tiffany FNP-C

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
07/26/2023	09:10 BUX	233.8	106.1		Purdie, Tiffany FNP-C

Exam:**General****Affect**

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Appears in Pain, Writhing in Pain

Exam Comments

Arrived to medical in a wheelchair but is able to self propel around health services. Able to stand up and walk short distances but with a limp due to his ankle pain.

Right ankle-trace non-pitting edema noted, decreased ROM due to pain. Normal color and temperature. Able to bear weight but with pain.

ASSESSMENT:

Other low back pain, M5459 - Current

Secondary osteoarthritis, unspecified site, M1993 - Current - *Post traumatic arthritis right ankle. right ankle fusion surgery is pending*

Unspecified hearing loss, H9190 - Current - *Left greater than right.*

Inmate Name: MCCLOY, JEREMY WILFORD
 Date of Birth: 08/24/1971
 Encounter Date: 07/26/2023 09:08

Sex: M Race: WHITE
 Provider: Purdie, Tiffany FNP-C

Reg #: 18242-081
 Facility: BUT
 Unit: G03

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Ibuprofen Tablet	07/26/2023 09:08
<u>Prescriber Order:</u> 800 mg Orally - three times a day PRN x 180 day(s)		
Indication: Other low back pain, Low back pain		

New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Bed Wedge	One Time			Purdie, Tiffany FNP-C
	Order Date:	07/26/2023		
Hearing Test	One Time			Purdie, Tiffany FNP-C
	Order Date:	07/26/2023		

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/26/2023	Counseling	Plan of Care	Purdie, Tiffany	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Purdie, Tiffany FNP-C on 07/26/2023 09:31

Bureau of Prisons Health Services Clinical Encounter

Inmate Name: MCCLOY, JEREMY WILFORD	Reg #: 18242-081
Date of Birth: 08/24/1971	Sex: M Race: WHITE
Encounter Date: 06/21/2023 14:27	Facility: BUH
Provider: Benford, Andrew OTRL	Unit: B03

Occupational Therapy - Evaluation encounter performed at Rehabilitation Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Benford, Andrew OTRL

Chief Complaint: Pain

Subjective: Pt is a 51 y/o R hand dominant male who is awaiting R ankle fusion surgery. Pt stops OT Benford and OT Chorosevic in passing on 3rd floor rehab and asks about hard cord developing on his R hand. Pt states he started noticing development of the cord about a year ago. Pt denies pain at rest or with most movements, but reports some discomfort when he passively extends his 5th finger or puts weight through his open hand (i.e. push-ups). Also notes some discomfort with wheelchair propulsion.

Pt reports Northern European ancestry and also reports analogous connective tissue symptoms in other body regions, including hard cord/nodule development on bottom/arch of foot near ball of foot and also reports having peyronie's disease with associated curvature of penis.

Pt does not state a functional goal this time.

Pain: Yes

Pain Assessment

Date:	06/21/2023 14:43
Location:	Hand-Right
Quality of Pain:	Intermittent
Pain Scale:	3
Intervention:	see exam/plan
Trauma Date/Year:	
Injury:	
Mechanism:	s/p right tibial biopsy (03/27/23)
Onset:	1 Year
Duration:	1 Year
Exacerbating Factors:	passive 5th finger extension, weightbearing through hand, wheelchair propulsion
Relieving Factors:	avoiding exacerbating factors
Reason Not Done:	
Comments:	

OBJECTIVE:

Exam Comments

Appearance: Pt is pleasant and cooperative. Pt currently using wheelchair for mobility - pt does not use wheelchair gloves. There is a small visible volar cord/nodule ~1cm in size located at the ulnar border of the distal palmar crease just proximal to the 5th MP joint. 2 mild areas of skin "pitting" are noted just proximal and distal to the cord.

Palpation: mild tenderness with palpation of fibrous cord, exacerbated with passive extension of 5th digit

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: MCCLOY, JEREMY WILFORD	Reg #: 18242-081
Date of Birth: 08/24/1971	Sex: M Race: WHITE Facility: BUH
Encounter Date: 05/08/2023 07:52	Provider: Carden, Andres MD Unit: B03

Physician - Oncology Note encounter performed at Oncology Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Carden, Andres MD

Chief Complaint: Oncology

Subjective: HCC

Dx: HCV Cirrhosis/portal HTN, esophageal varices. Jan 2021 US neg for liver mass. Aug 2022 US: 2.3 cm R liver mass. MRI: 1.6 cm segment VII, R hepatic dome mass, possible arterial phase hyperenhancement (LI-RADS category 4). AFP 2.7. Sept 2022 IR: unable to bx safely due to location. March 1st, 2023 Y90 radioembolization of R ant hepatic artery. April 2023 AFP 135. May 2023 MRI: post radioembolization findings.

Today he is doing okay and voices no new complaints. He denies abdominal pain or bleeding.

Plan: Pleasingly he had had a favorable response to Y90 radioembolization of solitary liver mass suspicious for HCC. I explained to him that he is at high risk for developing new lesions and therefore surveillance is highly recommended. Repeat MRI and AFP in 4 months.

MRI Screening:

Y___ N_x___ Claustrophobic (needs conscious sedation medication order)
Y___ N_x___ Metal in eyes/body
Y___ N_x___ Foreign body
Y___ N_x___ Pacemaker, metallic aneurysm clip, implants or foreign body
Y_x_ N___ History of cancer
Y_x_ N___ History of prior surgeries
Y_x_ N___ Labs ordered for IV contrast exam

Pain:

No

ROS:

General

Constitutional Symptoms

No: Anorexia, Easily Tired, Fatigue, Fever, Night Sweats, Weakness

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
05/08/2023	07:40 BUX	97.1	36.2	Forehead	Thorpe, Tya RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
05/08/2023	07:40 BUX	48	Via Machine		Thorpe, Tya RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
05/08/2023	07:40 BUX	18	Thorpe, Tya RN

Inmate Name: MCCLOY, JEREMY WILFORD

Reg #: 18242-081

Date of Birth: 08/24/1971

Sex: M Race: WHITE

Facility: BUH

Encounter Date: 05/08/2023 07:52

Provider: Carden, Andres MD

Unit: B03

Date	Time	Rate Per Minute	Provider
------	------	-----------------	----------

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
05/08/2023	07:40 BUX	119/68	Right Arm	Sitting	Adult-regular	Thorpe, Tya RN

SaO2:

Date	Time	Value(%)	Air	Provider
05/08/2023	07:40 BUX	99	Room Air	Thorpe, Tya RN

Height:

Date	Time	Inches	Cm	Provider
05/08/2023	07:40 BUX	72.0	182.9	Thorpe, Tya RN

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
05/08/2023	07:40 BUX	224.5	101.8		Thorpe, Tya RN

Exam:**General****Appearance**

Yes: Alert and Oriented x 3

Pulmonary**Auscultation**

Yes: Clear to Auscultation

Cardiovascular**Auscultation**

Yes: Regular Rate and Rhythm (RRR)

Abdomen**Palpation**

Yes: Soft

No: Tenderness on Palpation

ASSESSMENT:

Liver cell carcinoma, C220 - Current

PLAN:**New Laboratory Requests:**

Details	Frequency	Due Date	Priority
Lab Tests - Short List-General-Comprehensive Metabolic Profile (CMP)	One Time	09/01/2023 00:00	Routine
Lab Tests - Short List-General-Alpha-Fetoprotein, Tumor Marker			
Lab Tests - Short List-General-CBC			

New Radiology Request Orders:

Details	Frequency	End Date	Due Date	Priority
MRI-Abdomen-With and Without Contrast	One Time		09/05/2023	Routine

Specific reason(s) for request (Complaints and findings):

s/p Y90 radioembolization of solitary liver mass suspicious for HCC---please assess for changes.

Inmate Name: MCCLOY, JEREMY WILFORD

Reg #: 18242-081

Date of Birth: 08/24/1971

Sex: M Race: WHITE

Facility: BUH

Encounter Date: 05/08/2023 07:52

Provider: Carden, Andres MD

Unit: B03

Schedule:

Activity**Date Scheduled Scheduled Provider**

Assessment

09/25/2023 00:00 Oncology DR 03

Disposition:

Discharged to Housing Unit with Convalescence

Patient Education Topics:Date Initiated FormatHandout/TopicProviderOutcome

05/08/2023 Counseling

Diagnosis

Carden, Andres

Verbalizes
Understanding**Copay Required:** No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Carden, Andres MD on 05/08/2023 08:01

EXHIBIT 4

**Bureau of Prisons
Psychology Services
RDAP - Administrative Note**

SENSITIVE BUT UNCLASSIFIED

Inmate Name: MCCLOY, JEREMY WILFORD		Reg #: 18242-081
Date of Birth: 08/24/1971	Sex: M	Facility: BUH
Date: 02/16/2023 09:01	Provider: Halbsgut, Jennifer PsyD	Unit Team: MED/SURG

Comments

Inmate MCCLOY was seen for an RDAP Diagnostic Interview. He indicated that he is currently undergoing medical treatment and cannot transfer from BUH. Consultation with his medical provider verified this information. As such, SENTRY is changed from DAP DIAG to DAP UNQUAL. Inmate MCCLOY was advised that he may request RDAP in the future if his medical status changes and he expressed an understanding.

Completed by Halbsgut, Jennifer PsyD on 02/17/2023 13:17

TRULINCS 18242081 - MCCLOY, JEREMY WILFORD - Unit: BUT-G-B

FROM: BUT/DAP
TO: 18242081
SUBJECT: RE:***Inmate to Staff Message***
DATE: 12/28/2023 08:52:02 AM

Hello. This information (you are deemed unqualified for RDAP) is in your Psychology Services records.

From: ~^! MCCLOY, ~^!JEREMY WILFORD <18242081@inmatemessage.com>
Sent: Wednesday, December 27, 2023 8:11 PM
Subject: ***Request to Staff*** MCCLOY, JEREMY, Reg# 18242081, BUT-G-B

To: Cook ,RDAP
Inmate Work Assignment: looking

I was interviewed for RDAP when i completed NRDAP at the FMC, but i was disqualified because of medical issues and upcoming surgeries (one of which i am still waiting on) and i don't have enough time now even if they were to operate tomorrow .. can i please get a letter stating this ... Thank you

FROM: BUT/DAP
TO: 18242081
SUBJECT: RE:***Inmate to Staff Message***
DATE: 12/28/2023 08:52:02 AM

FROM: BUT/DAP
TO: 18242081
SUBJECT: RE:***Inmate to Staff Message***
DATE: 12/28/2023 08:52:02 AM

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DATE: 12/28/2023 08:52:02 AM

FROM: BUT/DAP
TO: 18242081
SUBJECT: RE:***Inmate to Staff Message***
DATE: 12/28/2023 08:52:02 AM

EXHIBIT 5

**U.S. Department of Justice
Federal Bureau of Prisons
FCI I Butner**

**Request for Administrative Remedy
Part B - Response**

Admin Remedy Number: 1183455-F1

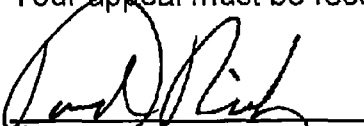
This is in response to your Request for Administrative Remedy, 1183455-F1, received December 7, 2023, in which you are requesting to have your ankle fused or replaced.

A review of this matter reveals you have active medical conditions of esophageal varices, varicose veins-abdomen, cirrhosis of the liver, anomalies of your foot, thrombocytopenia, encephalopathy, osteoarthritis, and contracture of the ankle joint. In the last three months, you have been sent to the emergency room for altered mental status due to your liver not functioning appropriately (hepatic encephalopathy). Hepatic encephalopathy is an often temporary neurological (nervous system) disorder due to chronic, severe liver disease. A diseased liver struggles to filter toxins (substances created from the breakdown of food, alcohol, medications and even muscle) from the bloodstream. These toxins build up in the body and travel to the brain. Toxicity affects brain function and causes cognitive impairment. Due to liver disease, blood levels will be abnormal: as indicated on liver function tests, toxin levels, platelets, white blood cell (WBC) count. Your lab results are concerning and indicate a decline in your medical conditions.

It is not recommended people with acute hepatitis or decompensated cirrhosis, as well as acute liver failure, to undergo surgery. Essentially, the consequences of surgery in those with liver disease can get serious. We do not want our patients to have a severe impairment of liver function during surgery. Some people experience liver failure and die. Thus, the recommendation to perform surgery in people with liver disease is carefully considered by your healthcare team. Additional tests have been ordered to assess your liver function. This will help determine if you are a surgical candidate.

Based on the above information, your Request for Administrative Remedy is informational purposes only.

If dissatisfied with this response, you may appeal to the Regional Director, Federal Bureau of Prisons, Mid-Atlantic Regional Office, 302 Sentinel Drive, Suite 200, Annapolis Junction, Maryland, 20701. Your appeal must be received in the Regional Office within 20 days from the date of this response.


David Rich, Warden

12.28.23
Date

EXHIBIT 6

AFFIDAVIT

Your Honor, I wanted to take a moment and write to you concerning my request for compassionate release and my release plan.

Your Honor, I know that I do not have many years left on this earth and that has made my priorities change. I would like to say that my release plan is to get out and live the best life I can while I still can. The truth is your Honor that I need medical help in order to extend my life as long as I can.

My family dynamics have changed a lot since my incarceration, I have had to face the reality of that and grow up. I have lost most of my family, my mother, and both my older and younger brother have passed on.

I do have a place to stay. My mother left the family home to my sister and myself. Its a nice home about 400 yards from the hospital where I will be able to receive treatments for my liver cancer.

I plan to stay with my sister Kimber McCloy and my nephew Scotland McCloy at the family home in Ogden, Utah. Scotland McCloy is my deceased brothers son and I want to help him in anyway that I can. I feel that my presence there will help both my sister and my nephew as much as it will help me.

My priorities in life are now different. I see life and the world in a new and different way. Instead of being the problem, I want to start being part of the solution. I can no longer live my life like a child. I realize it is my responsibility to take care of myself my health and my family, while staying clean and sober. I have the support of my old treatment center from when I was in federal drug court with Judge wells. They asked me to stay in touch and I did really well in that program. All my friends that I made there are all still clean and sober and many have offered to help me upon release.

I have a friend Shelly William who works for the State of Utah and one of here rolls is to help ex-addicts and ex-convicts get medical help and medical insurance, plus she runs the Valley Camp rehab program.

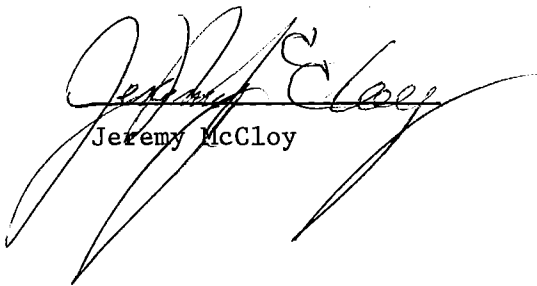
I have an opportunity to work at a pet boutique. I can work around my medical conditions, with as many or few hours as my body can take. I can also attend classes when I am released.

Currently, your Honor, there are no classes or programs for me to participate in here at FCC Butner. I have taken all of the available First Step Act classes that I can and the RDAP drug program has been precluded from me due to my medical conditions. Although I am assigned to the HVAC shop here at FCC butner, I can do no real work because of my confinement to a wheelchair.

I honestly think that I can live a longer more productive life if I could see my own doctors and get second opinions on my conditions. Your Honor I am asking you to release me approximately 18 months prior to my current projected release date. That 18 months could make a world of difference in my nephews life. I request that you allow me the honor of allowing to watch my nephew grow into a man.

My sister can be contacted at: 810-814-5316 or 919-435-4393

Thank you for your consideration,



Jeremy McCloy

EXHIBIT 7

HOME PLAN

McCloy plans to live with his sister Kimber McCloy at 598 East 5400 South, South Ogden, Utah 84405. Kimber is currently raising her and McCloy's 12 year old nephew, Scotland McCloy, the son of McCloy's deceased brother Keith McCloy. Kimber McCloy can be contacted by the U.S. Probation at 919-435-4319 or 801-435-4393.

McCloy plans to work with a family friend Cathy McGilton. She is the owner of "The Pet Boutique" located in Roy, Utah, 840167. She can be reached at 801-825-5140. This opportunity will allow McCloy to work as he is able while seeking treatment for his ankle and liver.

McCloy also has kept in contact with several of the people that he met while participating in a Drug and Alcohol treatment program ordered by Judge Wells of federal drug court, run by Judicial Support Services. McCloy feels that these individuals will be a support system for him upon his release to help maintain his sobriety. McCloy also understands that his sobriety is important to his longevity in this world.

St. Bennidicts Hospital is located 600 yards from the McCloy residence. McCloy plans to seek treatment at St. Bernidicts upon his release.